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**EUROPEAN SIBLINGS IN CARE:
COMPARATIVE POLICY AND PRACTICE IN DENMARK AND
BRITAIN**

BY

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**A THESIS SUBMITTED IN THE PARTIAL FULFILMENT OF THE
REQUIREMENTS OF THE UNIVERSITY OF NORTHUMBRIA
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY: Ph.D.**

SEPTEMBER 1998⁹

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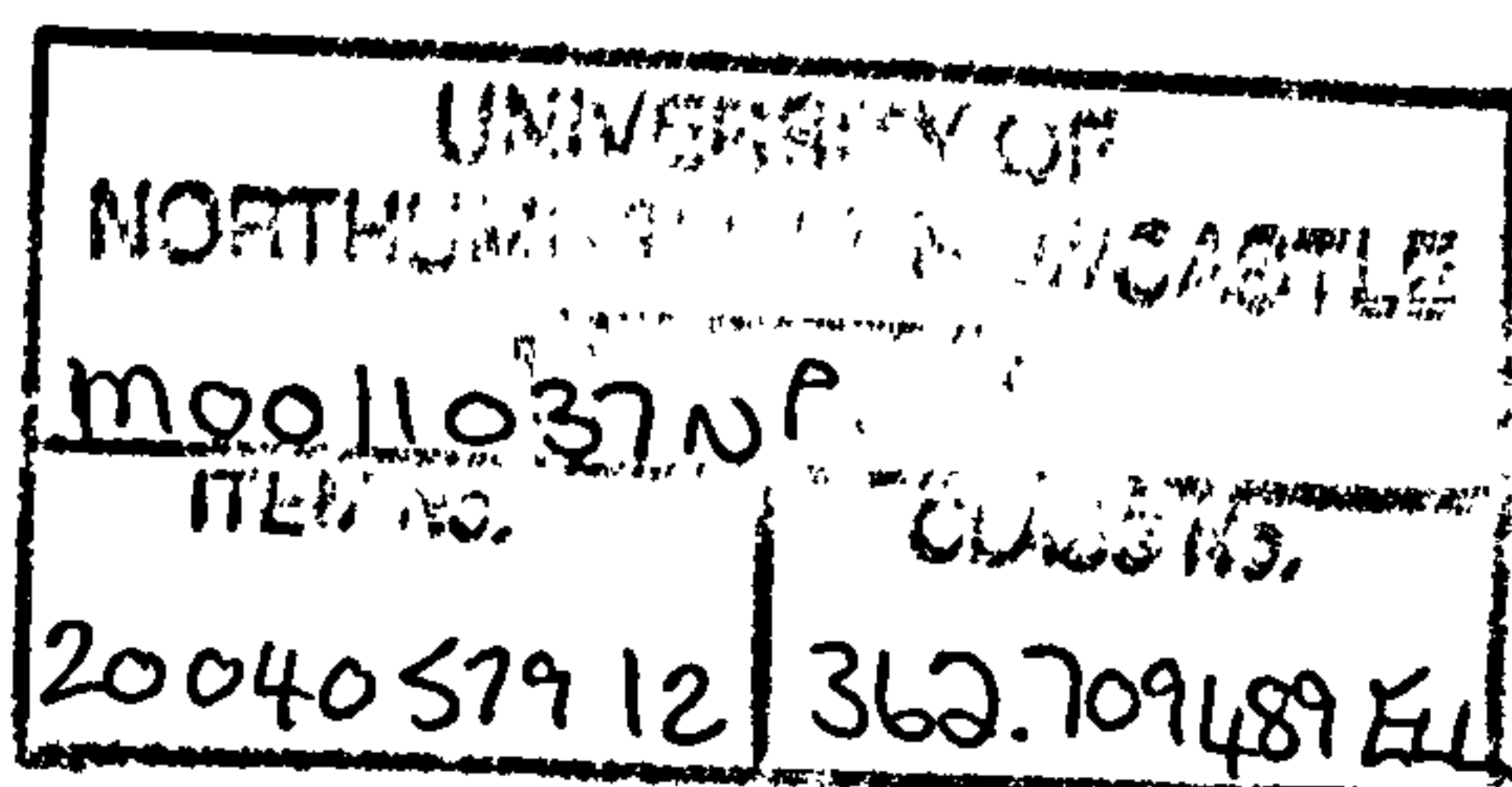
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ABSTRACT

This thesis explores, compares and analyses child care law; policy and practice of looked after siblings within two urban conurbation's in Denmark and Britain. The thesis advanced here is that sibling continuity planning depends upon the impact of strategies of prevention and protection on the timing, mode, and purpose of intervention and the way in which differences in service provision allow planning for sibling continuity to emerge as a process rather than a series of events.

The argument presented is that practice impacts on sibling continuity planning for looked after children are contingent in both localities upon an intricate interplay between resourcing, the form which legal intervention takes, rights based and needs based policy approaches and the use of 'agreement' as an alternative to compulsory placement.

At a national level, similarities emerge in the form of underlying principles of partnership and inclusivity in care planning, the maintenance of natural bonds, the belief that children are best looked after within the family without resort to legal proceedings and the recognition that care planning is a process rather than a series of events. Under examination, these principles are translated in policy at local level, but manifest very distinct practice impacts within the respective urban conurbation's.

In the Danish locality, the purpose of such planning emerges as being integral to distinct practice theories and political, social and economic interventions in the family by the state where sibling continuity planning for looked after siblings is formulated through the use of specialist placements and therapeutic provision. In the British locality, there is a distinct lack of theoretical application within social work practice in relation to sibling continuity planning. Such a pragmatic approach to sibling continuity is embedded in the reality of constraints created by a service led provision characterised by a very narrow and limited range of placements.

Within these two key areas factors such as the availability of specialised placements, definitions of continuity and a pro-active commitment to the maintenance and continuity of sibling relationships interact to define the decision-making process. The findings in the thesis suggest that whilst the decision-making process formed the central axiom of care planning for sibling groups, such planning was contingent upon other key factors. These factors include the definition of continuity, a pro-active commitment to the maintenance and continuity of the sibling relationship and most significantly, the availability of specialised placements able to take sibling groups. All of these factors reside in clearly distinct legal and practice models, which were defined most distinctly by their differential commitments to preventative and family support approaches.

The most distinctive feature of care planning which emerges in Denmark in contrast to Britain is the integral part which parents and children play in planning for sibling continuity. Legally sanctioned by a series of children's and parental rights the model of care planning in Denmark strives to be 'inclusive'. Translating notions of re-unification and espousing the integrity of the family involves supporting the family while the child is in care.

Chapter One

Looked After Siblings In Britain and Denmark, Literature Review and Research Approach

1.0 Introduction

'Children are a symbol of the delicate balance of social solidarity necessary not just for the successful integration of children themselves, their socialisation, education, training, and social and cultural integration into society, but also for society as a whole to be able to reconcile belonging with autonomy, rights with duties, freedom with power, entitlements with obligations. It is for this reason that the recent pre-occupation with child protection issues, so noticeable in all European countries, takes very different forms under different traditions of political culture and legal systems.'
(Lorenz, M. 1998)

If children reflect the general dynamics of social policies, and occupy a place at the intersection of different conceptions of social responsibility, then looked after children are surely located at the very heart of these conceptions. Even when we lightly tread the terrains of child care law and policy in the European arena we find unifying principles in national legislations in; the importance of treatment, the need for child centred interventions which are developmentally appropriate, particularly in relation to natural family bonds and the centrality of inclusive models of care planning for looked after children. Locating looked after siblings within these principles at once reveals their importance and relevance in policy and practice.

The principle aim of this thesis is to explore, analyse, and explain the impact of contrasting political, legal and economic frameworks on social work practice in relation to looked after siblings in Denmark and Britain. The focus is placed upon a comparative analysis and exploration of needs and rights based social policy frameworks, and upon how child care law and resource distribution impacts upon the timing, mode, and purpose of intervention in relation to looked after siblings.

An extensive data collection exercise was undertaken in regional conurbations in Britain and Denmark. This data is primarily focused on sibling placement, contact and sibling continuity planning, although it did yield additional valuable data that could be used elsewhere:

It has been shown that comparative work in both international and European social care remains relatively underdeveloped.. The lack of reliable data on social services in individual countries is a major constraint, as is the difficulty of developing conceptual frameworks and models. (Munday 1996, p. 18-19)

Similarities at a national level, emerge in policy and child care law, in the form of underlying principles of partnership, the maintenance of natural bonds, and the belief that children are best looked after within the family without resort to legal proceedings. Practice interventions in sibling continuity planning are impacted upon by the way the legal system is used in rights based and needs based approaches, by resourcing, and by the balance between protection and family support and prevention. These impacts are manifest within the timing, mode and purpose of intervention for looked after sibling groups. Moreover, differences in service provision have implication for sibling continuity planning, in its emergence as a process, or series of events. Evaluation and analysis of these matters has remained a central objective of the research.

1.1 Literature Review

The comparative nature of this thesis necessitates the careful search and retrieval of relevant texts and reports in the European domain of social work and social policy. In particular, cognisance will be taken of any previous and current research regarding the placement and contact of looked after siblings within Britain and Denmark. Initial searches have revealed a dearth of research in the area of cross-national

comparative social policy in relation to the personal social services generally (Jones 1995). In addition, having carried out a rigorous search for literature within the area of sibling placement and contact, whether national or cross-national in character, very little previous or current research has been identified. Whilst there is a consensus on the importance of all family members in the emergence of interaction patterns, very few studies have focused on the role of siblings in family therapy. Equally, there have been very few studies which have focused on the role of sibling relationships within placements as part of social work practice development (Gustafsson et al 1995). However, studies on the periphery of this research, mainly from psychology, do provide a reference point on the experiences of separation. (Quinn 1988, Bagnell, 1980, Harrison 1979).

1.1.1 A Review of Sibling Relationships

Child psychologists have emphasised the importance of sibling relationships as our longest lasting relationship, acting as powerful influences on personality and development (Dunn and Kendrick 1982). Hamlin (1979) also found that sibling roles within a family are highly differentiated, indeed siblings may assume protector antagonist, competitor, nurture-giver and nurture receiver roles with one another. All family therapy schools emphasise the importance of involving the entire family in diagnosis and treatment (Gustafsson et al., 1995). Whilst there may be a different emphasis on the use of siblings in family therapy programmes (Napier and Whittaker 1978), such programmes are given the advantage of the visibility of sibling roles and their amenability to modification. Napier and Whittaker's (ibid) study centred on the use of experiential therapy where 'the absence of a sibling is viewed as a 'move' of crucial importance on the part of the family, further therapy sessions are postponed until the presence of all family members is guaranteed. At the other extreme in the psycho-educational models (Falloon et al., 1984), siblings are considered as valuable informants and helpers, and are asked to participate in sessions, if they wish to do so.

The role of sibling relationships, particularly at the crucial point when the child is initially taken into care, is reinforced by evidence from Lewis and Karen (1990). Their work demonstrated that siblings can be a mutual resource in everyday life, as well as in emotional crises, and it is especially important that the siblings are emotionally available to each other. Beardsall and Dunn (1992) found it important to recognise that siblings who have been in the same family group may have encountered different life situations.

The relevance of this literature in terms of social work practice, relates to the notion that it is more likely to be the level of a child's cognitive development rather than specific experiences which form a child's conceptualisation of their natural family or foster family as their social environment. This counterpoises the idea that the child simply conceptualises and develops constructs about their natural family or foster family as their social environment simply as a result of specific experiences derived from living within their own unique family (Mann et al. 1992). This has important implications for social work practice, in that the age of a sibling is a critical factor in designing plans and developing placement practice, particularly with regard to sibling relationships. Moreover, it is recognised that birth order is an important psychological factor in forming social interaction patterns: being the eldest, youngest or a middle child, suggest different social roles. Children learn about loyalty, helpfulness and protection in the interplay with other children. Thus, in the relationships with one's siblings it is possible to master conflict resolution, handle strengths and weaknesses, and compete successfully. Such knowledge can be generalised to other social relations (Martensen-Larsen and Sorrig, 1991). The implications of this literature in terms of social work practice in placement of sibling groups, relates to the intrinsic value which the sibling relationship can have to the child's development. It follows, the role of sibling relationships as part of individual case management and family intervention strategies needs to be addressed in a coherent way.

Timberlake and Hamlin (1982) reinforce the view of child psychologists. Considering the impact of separation from siblings on child development, and the development of natural support systems, the use of sibling groups to facilitate coping with separation and loss and maintain sibling relationships, is made clear and amplifies other studies which have discovered that siblings do have an impact on one another, (Timberlake, 1982; and Martensen-Larsen and Sorrig's, 1991). An important caveat however, is that the impact is variable with age, sex and ordinal position. Moreover, other studies of siblings of children identified as having adjustment problems, emotional problems, and physically handicapping conditions are generally involved in the problem of the identified child. (Abrams and Kaslow 1976; Gallagher and Lowen, E. 1976; Phillips et al., 1971) These observations endorse the relevance of sibling therapy within social work practice.

Jaffe's (1977) study of institutionalised dependent children toward family members, found that the involvement of siblings with one another is strongly influenced by the 'give and take' of their interpersonal relationships with the close proximity of the family unit and by shared life events. This appears to indicate sibling relationships provide children with the opportunity for understanding of self and others.

Frustratingly however, the closer the involvement among siblings the harder it is for an outsider to know what is being reciprocated in sibling interactions. Sahlins (1965) has argued that a key factor, which explains the emotional bonding of sibling groups, lies in the closeness of interpersonal relationships. When exchanges are always indefinite and incomplete this allows ever open patterns of negotiation to occur as episodes within the lives of sibling groups as they unfold. Distinct links lie here with Hinde's (1976) argument that the central characteristic of sibling groups lies in the symmetrical or non-authoritative relationship underlying sibling relationships that allow reciprocity.

Interpersonal interactions are equivalent within sibling groups allowing time and different contexts to be bridged. The relevance of this point lies in the nature of the decision-making process within placement planning and practice. Clearly, Hinde

(ibid) defines relationships with sibling groups as not subject to pre-definition as in the parent child relationship. Given this, the involvement of siblings within the decision-making process would arguably be as pertinent as the involvement of parents, particularly since the nature of emotional bonding with siblings may be disassociated with power differentials. Similarly, it may be argued that sibling therapy should be integral to maintaining the well being of looked after children and to child development (Littner 1956). Concurring, Miller and Cantwell (1976) found that it was often more possible to construct more positive interventions when a sibling was involved in helping children to cope with separation or loss.

The intrinsic importance and value of sibling relationships to child growth and therapy, where sibship is vital, is in giving children optimum opportunity for negotiating certain developmental tasks. Consequently, where children have no siblings or lose their siblings 'these developmental tasks must be achieved in relation to cousins in the extended family, children in the larger peer arena, or children in a substitute family'. (Timberlake and Hamlin p.548). In light of Wedge and Mantle's (1991) findings, this is contentious since the presence of step siblings who were less than three years older than the looked after children engendered a sharp increase in the risk of disruption. Despite this, it may be argued that the value of symmetrical and equivalent relationships which, are often embodied in sibling relationships is such that when it is not available or when it has been lost (perhaps especially so) a substitute relationship should be sought.

In developing this discussion, it is important to consider the impact of separation and loss of siblings. Foster children may feel abandoned, experiencing a sense of loss, worthlessness and helplessness (Littner 1956). The trauma of being placed into a situation where the child is removed from their original home environment is characterised by the significant loss of parental figures, the absence of consistent love objects, and the lack of emotional response from the social environment frustrate a

child and set off angry and aggressive responses. Gradually, exhaustion and depression replaces this anger and aggression which, for foster children can often be turned inward. More importantly, the intrinsically reciprocal nature of sibling role relationships may compound this sense of loss, in that children often feel they have lost a part of themselves and develop certain 'inhibitions to other family groups' (Gallagher and Lowen 1976)

The literature cited and discussed above, emphasises the importance of sibling relationships, particularly when parental links are tenuous. And here lies an important corollary. Accepting the centrality of the role of the social worker in encouraging contact between the natural family and looked after children (Jenkins and Norman, 1972; Thorpe, 1974; Millham et al., 1986), issues relating to the role of parents' in placement practice and care planning over their looked after children may have some bearing on the decisions relating to the significance of the sibling relationships. Evaluating placement practice in the placement and contact of looked after siblings requires essential recognition of the role of parents within the decision-making process. The role of foster carers are brought into focus here. Rowe's (1989) study attests that, despite supportive legislation, many foster carers do not wish to commit themselves to the responsibilities associated with adoption. The value of sibling relationships are elevated when parental links are tenuous and further enhanced, when many foster carers do not perceive themselves as substitute parents. Parker (1980) has suggested this may well have been the result of the status of tending skills being overshadowed by the professionalism of social workers.

A critical appraisal of this literature reveals that whilst there are differences in opinion, common ground does exist. It is clearly the case that a consensus of opinion has emerged amongst professionals within the field of child care, that the value of sibling relationships is fundamental to child growth and development.

1.1.2 The Development of Policy and Practice in Britain

Unlike previous legislation the Children Act (1989, [1995, Scotland]) focuses on the maintenance of natural family networks. It may be characterised as being the culmination of a series of research undertakings into policy and practice. Within this it recognises the importance of the placement and contact of sibling groups (DoH, 1991, 4.14,): ‘creating links with their natural families (ibid p.66) with ‘siblings accommodated together’ (ibid s.23 (7) (b)). However, this clear attention to the issue of siblings is relatively recent, and there are few references to siblings in local authority policy documents or practice guides, despite the fact that between a third and a half of all admissions to care or accommodation involve sibling groups. (Farmer and Parker 1989).

Studies of fostering by Cooper (1978), Napier (1972) Kraus (1971) confirmed poor success rates in terms of unexpected breakdowns in foster placements. The landmark study by Rowe and Lambert (1973), uncovered a situation in which in the opinion of the social workers involved, 25% of the children involved needed a permanent family placement and a high proportion of them were members of sibling groups. The local authorities involved concentrated on more limited targets within populations of children in care, such as all children of nursery age, all children under ten, single children of any age, boys but not girls over the age of nine and importantly, sibling groups.

Recognition of sibling groups as a priority group in terms of family placement did not coincide with the the 1980’s realisations. Patently, being placed in a residential or foster setting, the maintenance of sibling groups and sibling contact was integral to the success of foster placements, and a fundamental prerequisite to the well being of looked after children. (Whitaker et al 1985).

The therapeutic value of the placement of sibling groups together was further confirmed by Rowe et al (1984), who found that long-term foster children placed with a sibling were usually glad about this, and spoke of the benefit of having someone to talk to about their family of origin, while Fisher et al (1986) learned that children and young people who had been separated sometimes thought that this was a punishment. The problem of placement was highlighted by Fratter (1991) who found that children placed alone had placement breakdown more often than those placed with siblings. The SSI Report 'Inspection of Community Homes' (1985) and Berridge (1987), provide further evidence about separations revealing that there was little evidence of residential care being used to keep siblings together.

Literature is scant concerning the relationship of children in care with their siblings. As Rowe et al., (1989) point out a high proportion of those coming into accommodation or care have siblings who may or may not be in placements themselves. Wedge and Mantle (1991) found evidence that social workers had a 'general assumption' that siblings should be placed together, they found that reasons for separating siblings were usually recorded, but reasons for placing them together were not. This has been further substantiated in a study by Bilson and Barker (1992). The DOH (1989) in 'The Care of Children' have made clear that 'siblings should not be separated when in care' however, 'a child's needs should not be sacrificed in order to meet those of a sibling' (p.16). This obviously has implications for practice and resources.

Foregoing research indicates that being with a sibling has a positive impact of placement stability. However, it is apparent that the decision-making process with regard to sibling placement involves an assessment of several inter-related factors. These factors include, the sibling relationship, the individual needs of each sibling and the impact of step-siblings within placements. It is important to recognise the immediate impact that dislocation from one's natural family may have, both on the

sibling relationship itself and in expressions of grief, trauma, or confusion being channelled through the sibling relationship itself. In this sense Judith Stone's (1995) amplification of the value of short-term fostering as a way of initially keeping siblings together, allowing full and careful assessments to be made and alleviating and helping to prevent complete family disintegration, is particularly relevant. In terms of planning it would also seem to represent a more rational approach.

Thoburn J, and Rowe J,(1988) surveyed the outcomes of over a thousand 'special needs' adoption placements and found that sibling placements break down less often. Only 18% of placements with one or more siblings broke down compared with 24% of single child placements (This difference is statistically significant and still found when other variables are held constant.). An intensive study of a small number of adoption placements of 9 - 10 year old boys led Rushton et al (1991) to be uncertain about the wisdom of splitting or separating groups. They noted more progress in children placed with one or more siblings, but point out that those placed alone tended to have more serious problems to start with.

It may be noted that any attempt to assess specific cases is further complicated by other factors. A key factor being the presence of step siblings in the placement. The term step sibling is used for new members of reconstituted families and for established 'own' children in foster and adoptive families.) The well-established risk of placing children into families where there are 'own' children close to them in age has been most strongly reinforced by Wedge and Mantle (op cit) , by Berridge (op cit) and Cleaver, and by Fenyo et al (1989) in an examination of teenage placements.

In their study of sibling groups referred for permanent placement, Wedge and Mantle (ibid) found that the presence of step-siblings who were less than three years older than the placed child was associated with sharply increased risk of disruption but having much older step-siblings seemed to be helpful. Those affected by having step siblings close in age seemed to be children under eight years. It seems to have

mattered less to older children. Three groups of placements were identified by Wedge and Mantle:

- A. Placements in which the new child was the youngest by at least three years;
- B. Placements with step-siblings where the age gap was less than three years;
- C. Placements with no step-siblings.

There were no disruptions in group A, but in group B, where there were step siblings close in age, the disruption rate for younger children was very high and the risk for the older children was also substantial

Berridge and Cleaver (1987) discovered that no less than 48% of their sample of long-term foster children had been placed in a household in which there was a natural child within five years of age. They remark: 'As Trasler (1960) predicted 20 years ago, over 40% of such placements ended prematurely, compared with only 25% of those where no such child was present.'

Thoburn et al.(1986), reinforce this view in their discussion of permanency planning. In arguing that the move toward greater compulsion in child care in order to facilitate planning for permanence, most particularly evident in the 1970's, may have had the unforeseen consequence of a less appropriate and sensitive service to those who should go home. Thus it is suggested that an:

'ambulance service for the rescue of a small number of casualties was preferred because it was cheaper than a preventive service for the far greater numbers at risk.'
(Thoburn.1986 p.56)

It may be suggested that sensitive practice relating to the placement and contact of sibling groups within an ecological approach to placement practice may have been inhibited by the overriding emphasis on permanency planning at this time. Jordan, Stevenson and Holman (1987) conclude that :

'The gains for the small numbers of children who were placed for adoption should not be at the expense of those who would be vulnerable if more resources were not made available to them and their families.'
(Jordan Stevenson and Holman (1987), p.361)

Issues arising from the targeting of resources within particular practice frameworks are central to disentangling emerging patterns of placement practice in relation to sibling groups. Thus, when Millham et. al (1986) conclude that once a child is received into care, the first six months are crucial, both for planning and for work with the family as a whole, and within that period there is a need for the development of 'radical and imaginative preventive and rehabilitative work', implicit questions relating to resource allocation are undoubtedly raised. To pace studies conducted by Packman (1981), Jordan (1981) and Morris (1984) is to reveal concerns which centre upon the belief that permanency planning mitigated against positive coverage for preventive and rehabilitative services in the UK. Thus as Morris (op cit.) argues, permanency planning focuses on a rush for security, when the child's need for continuity with his or her family might be lost and his or her identity shattered. Jordan (op cit.), amplifies policy and legal considerations when he argues that:

'the danger is that, in the climate of a shrinking role for the state, this model should be adopted without a commitment to prevention.'
(Jordon, p.32)

In recognition of this a philosophy which, recognised the weaknesses inherent in the dichotomy of, on the one hand family responsibility for the care of children, and on the other state responsibility and permanent substitute care, began to emerge during the 1980's. This was to find fruition in the 'Law on Child Care and Family Services', 1987, in which it was stated that local authority social services would be given:

'a broad umbrella power to provide services to promote care, and to help prevent the breakdown of family relations.(ibid. p.2)'

Recent policy changes mean that services are increasingly being provided by the voluntary sector, not least from the re-organised and decreasing role of the local state

with its financial constraints. The Audit Commission (1994) have criticized the implementation of Part III of the Children Act(1989), which deals with local authority support services for children and families, because it is being carried out at a much slower pace than Parts IV and V of the act which provide the legal framework for local authorities to intervene, where they believe a child is suffering or is likely to suffer significant harm. Thus, one of the main findings of a recent study of childrens' services was that;

'Because of the pressure of child protection work, field social workers have little spare time for work with other children in need, who require support other than child protection.'
(Audit Commission *ibid.* p.16)

The Audit Commission's prescription sets out a twin strategy for local policy development:

'The Children Act sets the agenda: to protect children from significant harm and, in partnership with parents and other agencies, to safeguard and promote their health and development. The strategies that authorities develop should translate these broad objectives into a balanced range of activities.'
(Audit Commission Report *op cit.* p24)

The 1997 White Paper, 'Social Services - Achievement and Challenge' reinterprets this prescription in a way which emphasises protection and replaces the promotion of their health and development with 'support':

'Using powers in the Children Act 1989 the Government required social services departments to prepare Children Services Plans, identifying priority areas for the protection and support of children in their own field of responsibilities and in those of other services. The Government believes that this is too narrowly based and that the requirement should be refocused at the local authority collectively, and involve the full participation of all the other public agencies able to detect and react to warning signals from potential problem families.'

The use of term 'potential problem families' defines an approach which is prescriptive in identifying families which are viewed as 'dysfunctional'. The criteria for defining a family as a 'problem family' has yet to be made explicit where the

benchmark the nuclear family as being 'normal' and 'functional' is becoming 'out of kilter with the changing population' (Jackson 1998). Arguably, of pivotal significance is the extent to which this labelling of families becomes problematic, in that setting them apart as a discrete criteria may undermine notions of partnership espoused by the Children Act and call into question the degree to which 'partnership may be clearly defined. Is partnership to be defined in the sense of parents, children, social workers and other professionals being involved in a mutual discourse which is simultaneously a process that involves reasoning and emotion? (Biehal 1992). It follows, provision of a decision-making process ensues which, is based on an attempt to construct an open and active exchange between professionals and clients. Placement practice and planning may then be assessed not only at the level of policy and resourcing, but also in terms of the way in which perceptions of 'client' groups may have an impact on the decision-making process, particularly at the point of initial referral. Emphasis on protection therefore, directed at the identification of problem families may discriminate against the full involvement of such families in the decision-making process.

Clearly, legal frameworks, structures and processes are directly pertinent in the analysis of issues which underlay the decision-making process in relation to placement planning and practice. Hence, a comparative analysis of two legal frameworks which own distinctive processes in relation to child welfare law has intrinsic value. This will be discussed in more detail in Chapter Two.

1.1.3 The Development of Policy and Practice in Denmark

The most recent legislation in relation to looked after children in Denmark is embodied in the Social Security Act of 1992, developed as a result of the Graverson committee's report on child welfare law. The committee's remit was to critically

examine the law concerning procedures for helping vulnerable children, young people and their parents. A careful review of this report provides some important insights into key legal and policy tenets underlying current placement practice in Denmark.

- (a) There should be a more precise and careful definition of the goals of social welfare intervention and the means by which these goals are to be achieved.
- (b) The rights of children and their parents should be fully protected within child welfare law.
- (c) The needs of children and their families should be subject to a comprehensive assessment in order that they are offered help which is appropriate.
- (d) The views of children over 12 years should be taken into account before decisions about their lives are taken.

This latter point is perhaps most pertinent in relation to the impact it may have on placement practice in relation to looked after siblings. Consequently, contradictions or conflicts may occur between the views expressed by the looked after child and the views of the case manager. These conflicts may centre upon the professional's view of the specific needs of each looked after sibling and the recommended placement decision and the view of the siblings themselves who may wish to remain together despite these considerations. This final tenet has important implications for the decision-making process in relation to sibling placements and in relation to the dynamics of the decision-making process.

The principle that the rights of parents and children should be fully protected within child welfare law, is also of fundamental importance in understanding key policy rationales, this gives rise to explicit and implicit mechanisms which drive placement practice. Integral to this process, questions relating to the allocation and release of resources, are of equal significance in unravelling the dynamics of these processes. Hence, legal orders are very rarely used in Denmark, covering only 9% of cases (Haestback 1998). The accent in Danish law is on prevention in preference to

protection, and the full weight of an integrated approach to resource allocation in terms of budgets available to social centres strengthens this approach.

More significantly, as the Social Security Act of 1992 demonstrates, the integration of personal social services and benefits legislation reduces stigmatisation for those seeking support from the social services. A preventative intervention strategy is facilitated by a broad based approach, in which child care professionals may readily draw upon social security provision and housing services of direct financial benefit to clients. The effectiveness of prevention strategies, in reducing necessary expenditure in out of home provision, has been highlighted alongside a firm commitment to ensure an adequate range of provision for vulnerable children. The commitment to prevention and support is evidenced within a separate section within the act:

Every effort shall be made to let the child or young person stay in his home.'

(Preventative and Supportive Measures, Section 33 (1))

and within section 33 (2) the following options are available as part of any prospective intervention strategy:

(i) to offer counselling services with regard to improving the conditions of the child or young person, in which connection the municipal council may decide that the child or young person shall apply for day care, admission to a youth centre, training course or the like.

(ii) to grant practical, educational or other support in the home.

(iii) to provide support for the whole family or similar support.

(iv) to provide residential care for the person with custody, the child or the young person concerned, as well as for other members of the family.

(v) to provide a relief arrangement.

(vi) to appoint a personal adviser to the child or young person.

(vii) to contribute financially towards the expenses resulting from the measures referred to in paragraphs (i) and (v) above, when the person with custody does not have sufficient means to meet such expenses.

(viii) to contribute financially towards expenses defrayed in order to prevent placement outside the home, to accelerate the date when the child or young person can be returned to his home, or to substantially contribute to stable contact between parents and the child or children placed outside the home.

(ix) to place the child or young person outside his home, in a residential care institution, with foster parents, or in any other approved residential accommodation which must be considered suitable for the purpose of meeting the special needs of the child or young person concerned.

Preventative and Supportive Measures, Section 33 (2)

The above provisions are clearly defined by a commitment to preventative measures, Oskar Ploughman (1995). Moreover, these measures are buttressed by the availability of financial support, marking a key difference between child welfare law in Denmark and the UK (see Pithouse 1987). In stark contrast to the UK, case managers, kurators and pedagogues in Denmark are given legal licence and are equipped with the resources necessary to achieve a successful preventative strategy. This is achieved through the integral nature of child welfare law and social security provision, reinforcing the preventative tenor of child welfare law in Denmark.

Importantly, whilst there are no specific references to the placement and contact of looked after siblings within the act or within the practice guidance, the emphasis on prevention clearly indicates a commitment to the retention of natural family networks.

This commitment is clearly articulated in a document issued by a key the Ministry of Social Affairs document :

'When needs arise for the public authority to intervene, it is a basic condition that children and their parents are regarded as an integrated unit, and this should be respected as a common starting point and objective of initiatives in favour of children, young people and families. If the family needs support, it is important that the assistance is given with respect for the integrity of the family.'

(Social Policy in Denmark: Child and Family Policies, p.12; Ministry of Social Affairs 1995)

These legal and organisational issues will be addressed more fully in the following chapter as they are of particular relevance in the evaluation of legal structures, policy processes and resource issues in relation to practice implications within Britain and Denmark.

Jorgensen, P.,(1991) has argued that Denmark has a large number of children in out-of home care because it has a comprehensive child welfare system. Instinctively, Danish families turn to the system for help, and under present social conditions of unemployment and family disruptions, the system is under some strain. Jacob Vedel Petersen (1994) shows, the social service authorities have tried to find new ways and methods in social work for families with children in special need of support. Since the beginning of the 1980's, the Government has supported local special needs initiatives and from 1988 the Danish folketing (Parliament) has voted 350 million D.kr. over a three and a half period for this purpose. However, Boolsen, Mehlbye and Sparre (1986) have evidence that some social workers find it difficult to obtain funds for intensive needs cases. This may account for an increase in children in family foster homes across Denmark. According to Christofferson (1993) during the last four decades the percentage of children in family foster homes has risen from about 15% to about 42% of the total number of children in care. In the same period the size of the residential institutions diminished from 27 to 21 places per institution and placement without consent had decreased from about one third to about 9% of the children in care (Pruzan 1997).

Research centred upon the social origin of the children and young people placed outside home (Boolsen et al.1986, Jorgensen et al. 1989) found that most children placed outside home came from families characterised by severe economic and social problems. Great emphasis was placed upon the need to redress these problems as part of a preventative programme of intervention. Other recent research in Denmark suggests that while the current emphasis is on prevention, it is undoubtedly the case that child care policy in Denmark is

founded upon a rationale which emphasises a strongly interventionist approach aimed at gaining positive outcomes. (Andersen 1989, Jorgensen et al. 1988, Christofferson 1988). This rationale permeates and underpins social policy in Denmark, emphasising the importance of the eradication of social and economic differentials largely through instruments and processes embodied in the welfare state (Flemming Nielson 1995).

The different approaches to siblings in care across Europe poses impediments for harmonisation of European Social Policy (Millar and Warman 1996). Mechanisms within government strategies for the interest and needs of children through child impact statements exist in precious few countries (Hodgkin and Newall 1996). Meir Gottesman (1994) argues that following an overview of FICE member countries one of the key discernible general trends lies in the need to retain family unity:

'Whilst the separation of the child from the failing, dysfunctional family was the central element in former child welfare approaches, family unity and the upbringing of the child in the local community are the leading principles of the new general trend.'
(Gottesman p.62)

Child care policies in most European countries such as Denmark, Netherlands and Britain are currently underpinned by an ecological approach born of systemic theory. A child placed away from home is viewed as a product or 'symptom' of a dysfunctional family environment (Boszormenyi-Nagy and Spark 1984). In ideological terms this concept is represented in legal frameworks which govern practice in these and most European countries. As can be seen from the evidence above, the significance of this rationale in terms of national and local organisational frameworks, lies in the exploration of legal frameworks and integral processes of resource allocation

Brian Munday (1989) has discussed the long standing problem of the marginalisation of social care and social work within Europe and internationally. He argues, that compared with more powerful and professionalised services such as health and education, social care has a relatively low status within individual countries and also

in the policies and programmes of the European Union as a whole. Hellinkx and Colton (op cit.) characterise a convergence of residential and foster care in the EC around six key dimensions;

- (i) The increase in foster provision and a corresponding decrease in residential provision
- (ii) Changes in the population of separated children and adolescents.
- (iii) A tendency towards small-scale provisions.
- (iv) The development of an ecological perspective.
- (v) Greater differentiation of residential and foster care provision, and the development of alternative types of care.
- (vi) Professionalisation

Influences on the decline of residential care in Europe include, higher degrees of tolerance towards deviant behaviour, the strengthening of preventive care and a preference for keeping children in their home environments (Council of Europe 1996), with an intersectoral approach more prevalent in countries such as the Netherlands and Denmark (Ligthart and Wezenberg 1994). The impact on resourcing of a rise in professionalism has added to the costs of residential care (Van der Ploeg 1984). Van der Ploeg and Scholte (1988) and Van der Ploeg (1979) suggest that socio-economic factors have resulted in a situation in which the majority of children in residential care are from families in the grip of poverty and unemployment (Ramprakash 1994).

This has been recognised by the European Commission (1994a) in “A Way Forward for the Union” Further, a response through a White Paper (1994b) on ‘Social Policy and Social Protection - ‘An Active Society for All’ is a policy document which sets out the framework for action by the European Union. Implementation is in the form of directives, regulations, action programmes observations and funds. The rationale for the White Paper is embodied in a recognition that Europe will face enormous and painful transitions in an increasingly competitive world market. There will be detrimental consequences for those who are not economically active and socially marginalised (Rigaux 1994). Social policy is designed to underpin economic changes and ensure a more equitable distribution of benefits. The White Paper breaks new ground in acknowledging that social policy goes beyond employment, affecting

family life, health and old age. The paper also acknowledges the potentially long-term disadvantages experienced by groups of citizens across Europe who suffer as a result of economic restructuring (Baine et al. 1992, Cannon et al. 1992, Eurostat 1994). This integrated approach is not without some significance. Committed to reducing social exclusion, it contrasts starkly with the British White Paper 'Social Services Achievement and Challenges', not least by the latter in identifying 'problem' families with an emphasis on 'support' rather than integration.

1.1.4 Conclusion of Review

Having surveyed key areas of literature, and social policy documentation within a European, Danish and British context, it is clear that to focus on one area of social care practice, the placement and contact of looked after siblings is of intrinsic value, not only in terms of the positive implications it may have for the development of good practice through cross-national comparative, but also in relation to that which is less certain. The extent to which the framing and development of legislative frameworks and processes in the form of child welfare law may impact on decision making processes at practice level is subject to debate. A comparative evaluation of policy and practice in Britain and Denmark evidently reveals a situation in which the law plays very different roles within each society when it comes to child welfare law. What is crucial to understand is the extent to which the law is rarely used in child welfare cases in Denmark in comparison with Britain. In Britain it decisively impacts upon the decision-making process between parents, social workers, foster carers and children. For if it is true that over the last twenty years in Denmark the gradual reduction in compulsory care orders has been brought about partly in order to improve "trusting relationships" between professionals, parents and children, then it is important to investigate the implications of this within the needs and rights based policy frameworks as they impact on decision-making processes, and upon wider questions relating to placement practice.

A further key difference, in terms of policy and practice, lies in the emphasis in Denmark on prevention where recognition of social and economic deprivation are directly related to issues concerning child protection, criteria used within child protection guidelines. Crucially, in contrast to Britain, social workers within Denmark are equipped with powers to intervene financially allocating grants and liaising closely with housing, health and education agencies as part of a multi-agency approach.

Within a wider context, the current restructuring of the political economy of Europe is also directly pertinent to micro-aspects of social care practice of the Britain and Denmark within the European Community . The importance of sibling relationships in relation to placement practice and planning has been clearly amplified. The relationship between policy and practice will be explored in Chapter Two by focussing upon aspects concerning the decision-making process within needs and rights policy frameworks and its impact on practice; one reason for this is that:

'Academically, comparative studies in social welfare typically concentrate on macro-studies of welfare states, referring to social protection for empirical material rather than the less certain world of social care'
(Munday 1996, p2.)

1.2 Methodological Framework

1.2.1 Introduction

The researcher's concern to find a satisfactory degree of fit or congruence between the main methodological strategy underlying this study, and the development of a relevant comparative methodology led to a strategy based on the adaptation of Layder's Resource Map(Appendices 1). This research strategy is useful as a framework, and as a developmental tool within which valid and effectively tailored

comparative methods could be developed. These methods are sensitive to key principles of comparative methodology, such as the principle of equivalence. The triangulated approach to data collection adopted in this thesis, served the research well by being relevant to Layder's framework and by allowing analysis of data and theory building via a lateral discourse between analysis of data and documentation across micro and macro levels. The comparative evaluation of legal and policy frameworks at national and local level informed data analysis at micro level. This enhanced and reinforced a grounded methodological approach at the level of situated activity (meanings, perceptions and decision-making processes) in relation to sibling placement and contact by allowing policy directives, resourcing and practice issues to be made readily integral data analysis. This is congruent with Bhaskers notion of critical realism that "society provides the means, media, rules and resources for everything we do".

1.2.2 Theoretical Approach

The ontological basis of this study is informed by theories which emphasise the relationship between social structure, and human beliefs, behaviours or action (Bhaskar's critical realism and Giddens structuration thesis). Thus:

'the existence of social structure is a necessary condition for any human activity. Society provides the means, media, rules and resources for everything we do . . . these structures, which pre-exist us, are only

reproduced, or transformed in our everyday activities; thus society does not exist independently of human agency. ' (Giddens,1982,p.43).

In 'Central Problems in Social Theory', Giddens argues that a relevant theory of action in sociology must be pre-supposed by a 're-working of the idea of structure'. From this is developed the notion of the duality of structure which involves the recognition that the 'reflexive monitoring of action both draw upon and reconstitutes the institutional organisation of society.' Hence the main basis of the concept of duality of structure lies in the understanding that to be a 'competent' member of a society, social institutions or organisations each individual must know a great deal about the way in which that society works. Further, Giddens argues that:

'The social totality cannot be best understood as in functionalist conceptions of the whole, as a given presence but as relations of presence and absence recursively ordered.' Giddens *ibid.* p.255)

This underlying ontology is consistent with the grounded theory approach adopted in this research which, emphasises the development of themes and the construction of concepts. Hence, in taking full cognisance of an ontology which emphasises the temporality of social action as well as the fundamental recognition of the dualist nature of structure and human agency, the selection of the grounded theory approach as defined by Layder 1993 offers consistency of epistemology and ontology.

Layder's approach utilised both macro and micro analysis of different levels of social life.

This research adopted a grounded theory approach which emphasises the development of themes and the construction of concepts. The grounded theory approach can utilise both macro and micro analysis of different levels of social life (Layder: 1993) to explore and generate themes and concepts which are consistent with the ontology of Bhaskar's critical realism and Giddens structuration thesis.

1.2.3 Key Principles of Comparative Methodology : (Equivalence)

The comparative methodological framework employed in this research reinforces and complements a grounded methodological approach. Thus, when May, 1993 assesses the value of comparative methods which reveal difference and diversity he emphasises the way in which such methods:

'enable us to consider the macro factors which influence social and political change and the micro factors peculiar to each social setting.'
(May, 1993: p.162)

Further the comparative process in itself requires a reflexive foundation. Thus, the potential and problems associated with this specific comparative were carefully assessed and key principles of comparative methodology in relation to this research were established.

The comparative research undertaken in this thesis, provides windows of insight in two ways. Firstly, a mirror import view allows the researcher to produce findings on policy and practice relating to sibling placement and contact in Denmark in order to illuminate the basis of our own practice, thus allowing the researcher to reflect on our own social political and economic system. . In this sense, background assumptions (Gouldner 1971) may be challenged by producing findings on different social contexts and political practices. Importantly, variable historical conditions lead to divergent policies and practices. Thus, as Esping Anderson asserts, only comparative empirical research will adequately disclose the fundamental properties that unite or divide modern welfare states (Esping Anderson 1990), such research requires a full consideration of historical precedents. Moreover, to be fully valid, comparative research must take account of both endogenous factors which are peculiar to the country being studied and exogenous factors such as international capital, gender and race relations which also influence that country's social and political relations. In addition, this thesis will be sensitive to the way in which cultural specificity's affect how exogenous factors influence each country.. This will be

instanced in this thesis through the analysis of the way in which the current international economic decline has impacted upon social policy processes and structures in the area of the personal social services and more specifically in the area of child protection. Consideration will also be given to the European context focussing upon the translation of a Euro-wide social work approach emphasising an ecological approach into policy and practice in Denmark and Britain.

The development of concepts to understand and compare social programmes (and the identity of welfare states) is central to the development of a comparative analysis, and evaluation of policies and practices in relation to sibling placement and contact. As Esping-Anderson notes:

'The existence of a social program and the amount of money spent on it may be less important than what it does.'

(Anderson E, 1990 p.27)

Further, the development of a comparative research design is reliant on a need to:

'compare like with like. In order to decide which institutions of one society - are comparable with those of another we shall need to be able to match those institutions, to say what kind of part they play in their respective societies.'

(Anderson, Hughes and Sharrok 1986:184)

This need is met by identifying and comparing policy structures and processes in relation to looked after sibling groups, and secondly by locating relevant areas of data retrieval.

An important proviso to the notion of comparing like with like lies in the reality that social research should look for and seek to understand the meanings within a social context where people act according to the rules of their social setting.

Thus, sensitivity to context in relation to policy structures, processes, and practices requires the research to be appropriate.

This research was made appropriate through the location of issues involved in sibling placement and contact both within social and legal contexts and within an analysis of forms of social work practice and decision-making processes. This required an understanding that the researcher cannot assume that what is appropriate in one culture will necessarily be appropriate in another. A sensitivity to and understanding of cultural context was therefore required.

In developing a valid comparative methodological framework in this research the researcher was also concerned with issues of equivalence. As Winch, 1958 argues meanings vary between cultures. This creates a particular problem in the use of surveys in cross-national research where meaning-equivalence is an important component of a questionnaires validity.(Verba 1971,Scheuch 1990)

The survey carried out in this research thesis was developed on the basis of the principles of appropriateness and equivalence. The research was carefully prepared in order to take account of key factors such as cultural context, demographic features and socio-economic variables. Careful consideration of these factors as part of the research design enabled the researcher to bring the central issues of sibling placement and contact into focus. The comparative framework developed is concerned to evaluate policy and practice, by taking full account of indigenous factors in order to

bring validity to the comparative as an import mirror view. The description below in relation to the development of this comparative methodology during it's implementation, evidences this approach, as do the questionnaires shown in Appendices 2 and 3)

Finally, the issue of equivalence must take account of language differences in terms of equivalence of meanings within the two cultural settings. The survey method and process employed in this research takes account of this issue. Concern with language barriers, interpretation, and relevance of questions on the questionnaire led me to pilot the questionnaire through the random distribution of questionnaires in the social centres. I was concerned firstly, to assess the relevance of the questionnaire to social workers and kurators and the accuracy of terminology. A concern with equivalence led me to translate the questionnaire applied in the English Local authority. The comments received from the social workers ,kurators, and case managers who took part in this pilot were extremely useful in terms of legal and professional terminology. As a starting point, this questionnaire then formed the basis of the survey process. Importantly however, the concern with meaning led me to decide to interview social workers, kurators, and social work managers following the distributing of the translated questionnaire.

1.2.4 Research Strategy

Derek Layder's resource map for research (Layder p.75) has enabled the researcher to more clearly identify and articulate the focus of the thesis. Layder suggests that social reality consists of different 'textured' or interwoven' levels and dimensions. These levels are: the self, situated activity, setting, context and history as a dimension applicable to them all. This approach reflects the multifaceted nature of the empirical world and closely relates to the problem of bringing macro and micro analysis closer

together, enabling the researcher to address the problem of division between macro and micro levels by concentrating on the organic links between them.

As the Resource Map(Appendices 1) indicates the focus of the investigation will be at the level of situated activity. Information with regard to context and setting will be gathered in order to inform the investigation of situated activity. The situated activity here relates to social work decision-making in relation to the placement and contact of looked after sibling groups, involving the interaction of parents, children and foster carers owning varying understandings, meanings and conceptualisations. A fuller understanding of the extent to which the actual experience of looked after sibling groups and families is in conflict or in contrast to the expectations of social workers will be gained by examining decision-making processes as they are affected by settings (social work agencies) and by context (macro social organisation, including values, legislative frameworks particularly in relation to the Children Act 1989, UK and Social Security Act (1990) Denmark). The investigation of the impact of this process is also informed by inquiry at the level of self in relation to the individual's self identity and social experience. The use of narrative as part of this multi-strategy approach has also enabled the research to overcome limitations within the comparative. This has been achieved by using narrative accounts to confirm meanings expressed within semi-structured interviews. Hence, meanings and constructs which may be made ambivalent by the problems of translation from Danish to English are reinforced or given dimension within narrative accounts. In this way the comparative methodological framework has been developed and the validity of the research findings reinforced by a broader triangulation of data. By initiating each interview with a focused interview an element of narrative method was implemented. This benefited the data collection process by broadening triangulation of data and by enabling the researcher to investigate meanings, feelings and constructs at the level of self.

1.2.5 Implementation of Methodology

British Setting

The data set included a cohort of 115 children from four agencies in an urban conurbation in Denmark and a cohort of 180 children from four agencies in an urban conurbation in Britain. In Britain, a questionnaire survey formed the bases of data collation, followed in Denmark by the use of a questionnaire survey which involved the same questions translated into Danish followed by the use of interviews. Case files were then examined and analysed in both countries and followed by a series of interviews with parents, children, social workers and foster carers and other care professionals. Interviews with social workers were conducted in Denmark alongside narrative accounts from parents.

A data set of 180 looked after siblings in an urban conurbation in Britain was developed, (taken from an original census of 551 questionnaires developed for the Parental Contact Research Project (Bilson A., Barker R., and Ellison M)). The researcher was able to identify emerging patterns whilst inputting each of the 180 questionnaires which made up the data set. These patterns were defined by key issues and related to a range of interacting variables. The researcher decided to use a multi-variate grid in order to select cases which were representative of these issues and variables, allowing a more in depth analysis of these patterns. Focussed sampling was used to investigate processes in more intricate detail.

Twenty two interviews involving parents, children, social workers, carers and managers were undertaken, transcribed and codified. The interview sample was selected using a multi-variate grid identifying key variables such as current placement and reason for entry.

Methodological strategies were developed to cope with limitations emerging from contextual and moral Parameters. (See Paper, 'Addressing Qualitative Methods in Social Work Research', 'Strategies For Coping with Limitations From Contextual, Moral and Ethical Parameters'. Appendices 4)

A grounded theory approach was used to analyse the focused sections of interviews as a basis for investigating social worker's perceptions meanings, definitions and expectations. This allowed some insight into the dynamics of decision-making processes between key actors. The impacts of these processes were then also assessed in terms of the experiences of sibling groups and their families.

The decision-making processes were then contextualised within specific legislative and organisational frameworks at local and national level.

Danish Setting

The researcher's concern to achieve as optimum a level of equivalence as possible in relation to this comparative research has led to the adoption of particular strategies in overcoming difficulties encountered at the implementation stage of this research. These strategies led to the development of the research design.

It was initially envisaged that a full census would be carried out in the municipality. However the scale of this census; involving 1,500 looked after children and extreme sensitivity in relation the confidentiality of case files, and concern about the workload of kurators and case managers on behalf of the Social Directorate, meant that this was not possible. During negotiations with the Social Directorate the key concern which consistently arose related to the confidentiality of social security numbers. These numbers were used to classify the case files of looked after children, however they also potentially related to many other areas of information. Recent public disquiet over the use and divulgence of social security numbers to various agencies

meant that it was extremely difficult to gain access to the case files of looked after children.

Following lengthy negotiations with the Social Directorate, access was given via two intermediaries to quantitative data relating to the whole of the municipality and to individual social centres which served specific districts. Detailed socio-economic profiles of the districts in which each social centre was located was made available. It was also agreed, that I would be allowed to visit four of the main social centres in the municipality with a member of the Social Directorate, in order that interviews with case managers and kurators may be carried out with reference to looked after sibling groups. In addition I was allowed to access case files through this member of the Directorate who would act as an interpreter throughout.

1.2.6 Development of Research Design

Access to the Data Base which contained key areas of quantitative information relating to looked after children and more specifically to looked after sibling groups in the Danish setting led the researcher to develop the comparative research design. Key areas of quantitative data relating to the municipality (Denmark) and the local authority (Britain) as a whole would be compared at one level. Importantly these areas would include total numbers of looked after children, age distribution and placement type as well as sibling placement in relation to variables such as age and placement type. This data would then be used as a background to a more defined focus brought into play through the use of data, made available at agency or social centre level. Here, four agencies from within the British local authority and four social centres from the municipality in Denmark would be selected for comparative purposes. The selection would be based upon the desire to gain optimum equivalence in terms of socio-economic indicators wherever possible. The areas selected are representative of the socio-economic make-up of each locality.

The questionnaire survey was implemented in each social centre in the Danish municipality, via a process which involved interviewing case managers and kurators involved with each case. Where there was a problem with translation, the member of the Social Directorate who accompanied me acted as an interpreter. This method of implementation had several benefits in terms of the conduct of the research. Firstly, the context of each interview involved the case manager the kurator and the social centre manager being present. As will be seen from the ethnographic notes made this led to some extremely useful insights into the way in which varying perceptions, constructs and conceptualisations in relation to policy and practice contributed to the decision-making process. Secondly, being able to witness and record the reflexive process as it occurred in relation to specific cases allowed the researcher to gain more of an insight into key concerns of professionals involved. In one case for example, where a child had been placed 500 miles from her sibling the social centre manager expressed his 'regret at the way the case had been handled'. This conflicted with the kurators view that the quality of placement in terms of what was in the best interest of each sibling involved was paramount. In this interview, the social centre manager consistently referred to agency policy in relation to the placement and contact of siblings. Thirdly, whilst using the questionnaire as a basis for each interview I was able to ask more in depth questions whenever I felt that it was appropriate. This strategy was carried out during group interviews and in several cases I was allowed to carry out focused interviews separately as a basis for forthcoming interviews with parents.

The questionnaire survey covered all sibling groups within each of the four centres this data was compared with data relating to all of the sibling groups within each of the four agencies selected from the English local authority.

The initial sampling frame developed for the British case study analysis was refined in order to take account of key variables identified during the questionnaire survey and case study analysis carried out in Britain and initial pilot interviews carried out in Denmark. This was done in order to focus on those central characteristics which were found to have key implications for sibling placement. Critically, the sampling frame developed for the Danish case study analysis was appropriate in ensuring that characteristics of cases were comparable with the British case studies. Areas such as the age of the sibling group, mode of placement (compulsory or agreement), purpose of the placement and type of placement denoted the sampling frame. Clearly, as other recent research has shown (Bilson and Barker, 1994) gender and ethnicity may also be significant in placement contact and continuity planning generally, however in deciding upon the sampling frame a key concern was to address themes generated by the questionnaire survey in Chapters Three and Four. The pilot interviews within the Social Centres and Parents Association would become the focal point of exploration. Thus, the sampling frame was refined to take account of emerging themes and the focal characteristics which emerged were those which intersected with the themes which were developing as a result of comparative analysis.

The four key characteristics which emerged in relation to their intersection with key themes were as follows:

(i) Sibling age and continuity planning intersected with one such key comparative.

The degree of pro-active involvement of social workers in ensuring sibling continuity and, other questions relating to conflicts which may occur in relation to decision making process, and parental and childrens' rights in placement and contact issues,

emerged as forums in which the age of the siblings became the central issue, particularly with regard to legal rights and the extent to which the pro-active involvement of social work professionals were necessary. Whilst recognising the importance of variables such as gender and ethnicity, it was this intersection between case characteristics and emerging themes which seemed crucial in developing a comparative analysis of sibling continuity planning in the four social centres within the two localities.

(ii) The purpose of placement intersected with an emerging theme based upon findings that sibling placement, contact and continuity planning, were in the British case studies and comparative survey, contingent to a large degree upon definition of placement purpose as long or short term within planning. Definitions of continuity as permanence or rehabilitation were often integral to these contingencies and were found to have impact upon sibling continuity planning in the British cohort in particular.

(iii) The mode of intervention as compulsory or voluntary intersected very strongly with placement and contact in the comparative survey. Indications from the British case studies were that where compulsory placements were used, the participation of children and parents in sibling continuity planning was less than in those cases where entry was by agreement. Whilst it is recognised that all cases are very specific and often compulsory intervention is characterised as crisis intervention, and it may be more difficult to involve parents and children, who may each in their own way be traumatised, there were indications from the case study research in Britain that even some two or three years following initial intervention, parents and children did often not feel involved in decision-making within sibling continuity planning in cases which initially involved the invocation of care orders. The legal mechanisms and processes in Danish child care law are different in key respects. However, of interest here, were how compulsory placements in Denmark compared with Britain in terms

of the placement and contact of looked after siblings and in relation to inclusivity in sibling continuity planning. Wider considerations of law and process were then considered in the light of these findings.

(iv) The type of placement intersected strongly with sibling placement and contact in the comparative survey. In Denmark, it was found that professional foster placements and collective communes were able to accommodate larger sibling groups. In contrast, in the predominant placement type of foster care in Britain, foster carers were often unable to take sibling groups of any size particularly when crisis intervention had denoted reason for entry. However, it was the relationship between placement type and continuity planning which emerged in the pilot Danish interviews as a key comparative theme. For this reason one characteristic variable within the sampling frame was placement type, as it contributed to strongly to sibling continuity planning.

1.3 Outline of Chapters

In Chapter One, the thesis is introduced by surveying literature in the field of sibling relationships, most particularly as it intersects with social work policy and practice. The development of policy and practice in Britain and Denmark is reviewed within the context of recent developments in child care law, policy and practice across Europe.

Chapter Two explores the practices and processes for looked after sibling groups in the welfare frameworks of Denmark and Britain. This involves the analysis of local states within welfare frameworks and of contrasting frameworks of rights, needs and law. Focussing on recent child care legislation in Britain and Denmark, principles of partnership are explored and the use of law and its implication for practice is

analysed. A matrix is developed as a theoretical template for subsequent analysis of these issues in the thesis.

Chapters' Three and Four trace the impact of these welfare frameworks and legal processes on sibling placement and contact within the local urban conurbations selected in Denmark and Britain. The foci of these chapters are limited by a concern to explore those key themes and issues which emerge from comparable elements of strategic operational contexts and practice interventions, as they impact upon sibling placement, contact, continuity planning and decision-making processes and procedures. These themes and issues formed the basis of the matrix at the end of Chapter Two. Some socio-demographic dimension is given to these foci by the concern to achieve equivalence in the selection of the two localities. The varying relationships between age and sibling placement and contact is explored in depth, giving relative evidence of pro-active commitment to sibling continuity planning, as well as exploring the appropriateness of placement provision for different age groups within each cohort. Sibling continuity planning for sibling groups which are made up partially or entirely of children with special needs, is also explored in each cohort. This analysis forms the basis of a comparative analysis in Chapter Five, from which a general theoretical framework and sampling frame are generated for the subsequent exploration of sibling continuity planning through the use of case study analysis in Chapters' Six and Seven. Five key themes are identified from the comparative analysis of the surveys conducted in Denmark and Britain. These themes are: the definition of sibling continuity and its relations to practice, inclusivity and partnership in sibling continuity planning, social work practice and a pro-active commitment to the maintenance and continuity of sibling relationships, the availability of specialised placements as a resource in sibling continuity planning, and the implications of overarching legal and policy frameworks.

Chapters' Six and Seven build upon the theoretical template developed from the comparative survey analysis in Chapter Five, by using case studies to investigate the

experiences, perceptions and expectations of children, as looked after siblings, their parents, relatives, carers, and social workers. These personal meanings are contextualised within key areas which define contrasting policy, resourcing, legal and practice interventions in Denmark and Britain. Located within these foci, are more specific practice issues concerning areas such as placement course, quality of contact and decision-making processes. Each case study is discussed and placed into context within wider legal, policy, and resource issues. A discussion of comparative findings forms the basis of the conclusion of Chapter Seven. Here, the most distinctive feature of care planning which emerges in Denmark in contrast to Britain is the integral part which parents and children play in planning for sibling continuity. Legally sanctioned by a series of children's and parental rights the model of care planning in Denmark strives to be 'inclusive'. Translating notions of re-unification and espousing the integrity of the family involves supporting the family while the child is in care. On a national level, the legal obligations requiring the involvement of children and parents in care planning are not being carried out to the full degree, the problem of grey zone placements is included in this criticism. The Danish narratives and case studies reveal decision-making as an axiom between parental rights, children's rights and professional assessment. Where conflict occurs between parents and children, most evidence within these case studies shows a bias towards children's rights. The degree to which sibling continuity planning is formulated through the use of specialist placements and therapeutic provision also emerges here. In Denmark, the purpose of such planning emerges as being integral to distinct practice theories and political, social and economic interventions in the family by the state. In the British cohort there was an apparent lack of any theoretical basis for social work practice in relation to sibling continuity planning. The pragmatic approach to sibling continuity in Britain is found to be embedded in the reality of constraints created by a service led provision characterised by a very narrow and limited range of placements.

The thesis concludes in Chapter Eight and amplifies the distinct models of practice which characterise the two regions, as they reflect differences in the way the legal system is used, in rights based and needs based approaches, in resourcing and the balance between protection and family support and prevention. Two key implications emerge for sibling continuity planning, the first being the impact of the balance between prevention and protection on the timing, mode, and purpose of intervention. The second being the way in which differences in service provision allow planning for sibling continuity to emerge as a process rather than as a series of events. Within these two key areas, factors such as the availability of specialised placements, definitions of continuity and a pro-active commitment to the maintenance and continuity of sibling relationships interact to define decision-making processes.

Chapter Two

The Practices and Processes for Looked After Siblings in the Welfare Frameworks of Denmark and Britain

2.0 Introduction

“In complex industrial societies, which base their legitimacy on democratic processes, ‘caring’ and hence social solidarity cannot be left to ‘grow naturally’, to be the responsibility of private individuals, nor are they indeed to be regarded as an unnecessary drain on financial resources. Rather, social policies came to be regarded as a guarantee of a society’s internal cohesion.”

(Walter Lorenz, Children and European Social Policy Traditions; Address to the BAAF and EBU Conference, Exchanging Visions Bradford 22-24 April 1998)

The condition of human kind within capitalism and the structure and processes of welfare states have focused the attention of many advocates presenting critiques on the relationship between capitalism and state welfare in the 20th century (Offe 1994, Adam Smith Institute 1994, Pierson 1991, Abrahamson 1992, Esping-Anderson 1990, Letwin 1988, Loney (eds.) 1987, Thorborn 1987, Offe 1984, Gough 1979, Poulantzas 1978). Pierson (ibid), argued that a symbiosis has emerged out of four major societal developments. Principally, untrammelled industrialisation created new demands for skilled labour, urbanisation and increased wealth as well as visible unemployment. Secondly, demographic changes including population growth, increased life expectancy, a larger non-active population and changing patterns of family life including the partial breakdown of the family as a social and economic unit. Thirdly, the growth of nation-states involving increased administration and professionalism embodied in the bureaucracy, and fourth, the growth of democracy and citizenship. Gough’s (ibid) well known assertion that the major function of the welfare state within capitalism is compensate for the worst ‘dis-welfares’ of capitalism, was based upon the theoretical premise that the welfare state was incompatible with capitalism. Letwin (ibid.) alludes to agree with this position for the opposing reason of privatising the welfare state, followed

in recent times by the Adam Smith Institute (ibid) calling for a rolling privatisation of the Welfare State based upon private insurance. On the left of the spectrum the choices are much wider.

Offe (1994 pp.101-104) spells out the end of the old orthodoxy of the welfare state based upon Fordism stating the future lies in the 'optionality of labour market participation' where 'Citizens Incomes' (CI) would play a major part. Doyal and Gough (1994) using the findings from data of 128 rich and poor countries argue that the future lies in a system of social corporatism focusing upon broader materialist welfare outcomes underpinned by a strong labour movement. Characteristics of all welfare states have to be taken into account when any absorbing changes to their operation, however when it comes to values in the provision of services it may do well to reflect in:

“the values of security *and* autonomy, (where) it envisages the possibility of reconciling the alleged antagonism prevailing between the two in relying upon the idea of ‘citizenship’ and the positive rights and entitlements associated with it.”
(Offe, 1994, p.96)

Esping-Anderson while attesting there is ‘no single pure case’ (1990: 28) delineates three clusters of welfare state regimes: ‘liberal’, ‘corporatist’, and ‘social democratic’ based on combined de-commodification scores of welfare programmes. Twine (1994), combining Esping-Andersen’s typology with Peters (1991) typology of tax clusters makes a direct correlation of the two, forming a new typology of ‘joint tax-welfare state regimes’ (1994: 147-50).

“Joint tax-welfare regimes enable us to make links between forms of welfare states and the manner in which those nations raise their tax revenues. We may conclude, that to a large extent, the ‘jointness’ of the regimes is a reflection of common ideology influencing both tax and welfare systems.
(ibid 150)”.

Although the essential emphasis is upon forms of taxation and income, the importance of Twine’s combination of tax and welfare state clusters for the operation and resourcing of ‘local states’ cannot be underestimated. Fundamental ideological and practical differences between Britain and Denmark’s approach to social welfare are formed from

these combinations and projected for better or worse into child and family care and child protection (Fisher et al. 1994, Oyen 1986, Le Grand 1982)

2.1 Local States in the Welfare Frameworks of Denmark and Britain

Local states do have a dynamic of their own, but that dynamic is not socialised or determined without the instruments or ideological characteristics of the organisation of State Welfare regimes (c.f. Twine 1994, Esping Anderson 1990, Jessop, 1990). From a range of perspectives we know that the principles, dimensions and resources of the Welfare States determine the level of service provision at the local state level (cf. Council of Europe 1996, Baine et al. 1992, Cannon et al 1992, Rigaux 1994).

Provision location of legal frameworks and principles relating to children and families policies within local social service departments/agencies are meant to be universalistic in each country. Universalistic systems are designed to give coverage to all residents in the country with obligatory social insurance, usually involving health care and financed mainly by taxation. However, in Britain whilst there is less of a universalistic system and more of an 'affordable welfare state' (George and Miller 1994) in operation, levels of provision are relatively low in comparison with other European Countries (Millar and Warman 1996). Secondly, Insurance systems are based upon social insurance schemes for people in the labour force being mainly financed by contributions from both employees and employers. Thus some sections of the population, notably the unemployed may not be covered by this system. This system is normally supported by informal systems of social support, based upon the family, so that social security payments become the support of the last resort, when all informal solutions have been attempted.

Despite a move to convergence and harmonisation in European welfare policy there are glaring disparities in welfare resource allocation. In 1994 the OECD produced Statistics on the Member Countries which reveal that between 1990 and 1991 Denmark was the

OECD country with the second highest share of public expenditure measured as a percentage of GDP (52%). In contrast Britain was at the lower end with 39 per cent, and since 1974-75 actual welfare spending has fluctuated between 21 and 27 per cent of GDP (Hills 1993). Welfare spending as a percentage of GDP has been steadily reduced in real terms over the past two decades with adverse affects upon resources in social care and welfare (Ryburn 1996) By stark comparison, in Denmark 74.1% of this public expenditure was welfare related (INDENRIGSMINISTERIET, 1992, 1995).

Jessop (1990) contends that the transition to the post-fordist welfare state has three main aspects: flexibilization of welfare state services; new patterns of integration between private and public welfare provision; and a drive for cost-effectiveness and greater productivity. He suggests that there are three possible trajectories for the post-fordist welfare state.

1. The neo-liberal trajectory involves the privatisation of welfare provision in a mixed welfare economy and a transformation of the welfare state to a support mechanism for the low wage sections of society.
- 2 The neo-corporatist trajectory involves intermediate and voluntary groups operating in a selective manner. The state intervenes to support and regulate such interest groups, which can include labour unions.
- 3 The neo-statist trajectory involves actual structural policies, promotion of universal social citizenship and egalitarian social relations and is based upon solidarity amongst the citizenry and organized labour.

The Danish economy has been based entirely upon small and medium sized enterprises. In essence however, it may be argued that the Danish Welfare State may be described as neo-statist particularly in recent decades when greater flexibility in the welfare state is discernible (Finansministeriet 1993). In marked contrast, the post fordist welfare model as experienced over the last two decades in Britain may be classified according to the above dimensions as moving towards a neo-liberal trajectory.

Andersen and Christiansen (1991) have identified four key areas, which characterise the Danish Welfare State. Firstly, there is considerable emphasis on service provision in addition to transfer incomes. This identifies an important element of an integrated approach, which emerges also as a key feature of children and family policies and prevention strategies. Secondly, the Danish welfare state has embraced and supported increasing levels of economic activity rates for women. Many social and economic activities, which were previously performed within the family by women, are now undertaken in the formal sector. An important consequence of this has been the recognition of dual socialisation processes and the impact of this on the development of innovative forms of provision for looked after children. Finally there is a very strong social equality goal, benefits are universal, based upon the individual rather than the family, ensuring the rights of individuals to particular benefits and services. There are however cost limitations in prevention work. The Boolsen, Mehlbye and Sparre (1986) study described the flexible use of placement and treatment resources, raising important issues over the reasons why children are placed outside home and the kinds of help offered to children and their parents. Some social workers felt that they did not have sufficient time to devote to their tasks and found it difficult to persuade the political committee dealing with social services to allocate funds for the provision of more intensive forms of help. Such intensive forms of help included a worker staying with the family for several days a week to help them manage their daily problems.

In Britain, where the current crises of the welfare state (tight fiscal policy) arises from contradictions of reducing state revenues whilst increasing demands for social welfare, social provision must be viewed within the context of a general crises in the regime of accumulation, integral to the success of capitalist economic systems. Endeavours to combat rising welfare costs at local level have been sought by changes towards a unitary system of governance, exacting pressures from the re-organisation in social welfare provision (Leach 1998). Decentralisation ideas however, do not fit well with the resource capacity structures of the new smaller unitary authorities. While mainstream activities can

be met, some special needs services and non-statutory support services are at risk of curtailment. Young people leaving local authority care are not having their needs fully met, partly through lack of resources and to some extent through the shortcomings of the Children's Acts (1989, 1995 (Scotland)) failing to take account of poverty and unemployment, and the policy of targeting the most needy (Tisdall 1996, 33-34). Accountability is also eroded through lack of cross collaboration of local authorities and their transformation into 'enabling authorities' purchasing services from contracted operators with less probity.

Despite recent moves towards the decentralisation of government, governance of resources in the British local state is still heavily controlled from the centre (Burns et al. 1994). Twine (1994) captures the essence of change in local government in the UK, which is still maintained under the new Labour administration:

"In the field of political rights, political power has been drawn away from democratically elected local government and either centralised in the ruling party at Westminster or placed in the hands of quangos. In the field of social rights, benefit levels have been made less generous and have become more means tested. A market system has been introduced into the National Health Service that is undermining its service ethic as cost efficiency slowly under-mines medical need. Public services are increasingly required to contract out their work to private companies through competitive tendering."
(Pp 87-88)

For Twine this raises issues over 'political participation beyond the nation state' for the British State denies real participation in decision-making on social policy issues, not least from the lack of freedom of information act; a process so evident in Denmark but relatively new in Britain (Cleland 1995). Lorenz (1994) makes the future plain:

"The programme of privatisation of services is already coming up against the countervailing forces of the re-collectivisation of responsibilities; the danger of a further fragmentation of society is simply too great politically"
(Ways Forward for Welfare Agencies - Social Work in Europe Volume 2
Number 2 p.4)

Continued restructuring of welfare provision creating additional pressures for social services means they do endure times of instability and economic stress (Dowling 1994, Alcock 1991). Allied to the implementation of the Children's Acts and local government

restructuring, this has provided threats to resources and promises of improved management . As in Denmark, the purpose of providing coherent policy and practice through the development of corporate governance (Wilson and Game 1998) are meant to be essential to the effective delivery of welfare services. Patently more so for the implementation of the Children's Acts and placement and care planning for looked after children, as well as the working of the child protection system north and south of the Scottish border. However, degrees of fragmentation and levels of communication through a variation of arrangements in different areas do carry concerns for effective management, accountability and levels of resources (Alexander & Orr 1993, Weir and Hall 1994).

Unlike Britain, the intrinsic value of the Danish welfare system lies in its embedded coherence and effective implementation of principles of distribution. The distributional effects of welfare states may be seen as being threefold.

- 1 The first involves income redistribution between different social groups.
2. Income redistribution as owning an important spatial dimension, both regional and local.
3. Changes in distribution of power and responsibility at different levels of government also has a spatial dimension.

High levels of interregional transfer are a central plank of redistribution policies in Denmark. Universalism, tax-financing and high levels of support have created major regional redistribution of income. This acts to substitute for a more active-labour market policy, which would create more employment in situ for areas with social problems. Manifestly beneficial, interregional transfers allow funding development of local policies and innovative practices within the field of children and families and more specifically in relation to looked after children. Income transfers in Denmark made up 27.6% of GDP at factor costs in 1988; this is high by European standards. Unemployment pay, pensions and other social subsidies comprised the major part of these transfers. These transfers have a major effect on the social distribution of income. The poorest 20% of households have approximately 50% of their income made up by transfers. Disposable income by age group in Denmark is more evenly distributed as a result.

In contrast to Britain where the move is towards an affordable if not a residual welfare state (c.f. George and Miller 1994 Hills 1995, Le Grand and Robinson 1984, Le Grand 1982) transfers are also egalitarian in the sense that compensation for loss of income is proportionally greatest for those who had lowest incomes, whilst compensation for high income groups is modest (Andersen and Christiansen, 1991). Collective responsibility for individual social and economic difficulties coupled with relatively high minimum levels for a standard of living result in a system based upon large-scale income transfer, with levels of welfare state provision homogeneous throughout the country. All this has its foundations in Danish fiscal and welfare policy providing obligations for the state and local authorities based upon upholding the rights of the individual.

2:2 Frameworks of Rights, Needs and Law

In recent years, child care law in most European countries has converged around a set of core principles. Central to these principles, which operate within distinctive social political and cultural frameworks, are notions of partnership, parental rights and children's rights (Hellinkx and Colton 1994, Munday 1989). This convergence of principles has been mirrored by a distinct movement away from removing children from their families, unless absolutely necessary, towards more flexible forms of out-of-home care within the community (Gottesman 1994, Madge and Attridge.1996). In parallel, voluntary or agreed placements are now seen as more conducive to co-operation or partnership than compulsory placements. The practice impacts of these legal principles are critical. They are contingent upon an intricate interplay between resourcing, the form which legal intervention takes, rights based and needs based policy approaches, and the degree to which emphasis is placed upon reaching agreement as an alternative to compulsory placement.

In policy, shared principles of parental and family participation in decision-making and recognition of parental rights underpin child care law in Britain and Denmark. In practice

however, compulsory placements make up approximately 6% of all out of home placements in Denmark (Christofferson 1994) and 37% of all out of home placements in the UK (Bilson & Barker 1994). A brief overview of recent child care legislation in the UK and Denmark will provide the context to a fuller comparative evaluation of policy and practice.

2:2:1 Overview of Recent Child Care Legislation in Britain and Denmark.

In Britain the Department of Health (1990) defined the Children Act (1989 England and Wales) as resting on the belief that:

“Children are generally best looked after within the family with both parents playing a full part and without resort to legal proceedings.”
(DoH 1990, p.1)

Emerging from this brief, principles of partnership in decision making and parental responsibility were placed within a duty of care framework. The duty of local authorities is to give support for children and their families and to return a child looked after by them to his or her family unless this is against his or her interests. Furthermore, authorities were given the responsibility of ensuring that contact was maintained with parents, whenever possible, for a child looked after by them away from home

New practice guidelines reflected these principles and following recent research the Department of Health (1995) issued a further guide giving more practical advice to social work professionals, managers and policy makers. The guide focused on how to design and provide family support services on the principle of working in partnership with family members in all cases where provision of adequate protection for the child is not directly impeded. The practice guide states that the rationale for working in partnership with children and parents can be located in four main areas. Firstly, a more co-operative working relationship is likely to lead to a more effective service in safeguarding the child's welfare. Secondly, family members have unique knowledge about their difficulties and also their strengths. Thirdly, family members have rights as citizens to hear what is said

about them and to have a say when important decisions are made about them. Finally, being involved in this way may help parents and children to feel less powerless and to act more competently.

Children in need of social services and their families should be consulted about the sorts of services, which they believe will alleviate their own difficulties. However, the Schedules of the Children Act and The Challenge of Partnership (DoH 1995) encourage child protection and family support workers to include parents and older children as individuals or as members of self-help groups in discussions about the detail and nature of the protection and support services to be made available in their areas. More specific practice guidance in the Children Act makes clear in child welfare and child protection cases that while the child's welfare must always be the first consideration:

‘Parents are individuals with needs of their own. Even though services may be primarily offered on behalf of their children, parents are entitled to help and consideration in their own right.’
(DoH 1989, p.8).”

Recent studies have shown that between 75 and 80 per cent of children who are the subject of a child protection conference remain living at home with at least one parent with no statutory order in force (Dartington 1995, Gibbon et al. 1995). Even child protection cases which are serious in nature carry the requirement of working in partnership, since it is argued that a care order does not remove parental responsibility and the local authority may only take away so much of the parents' responsibility as is necessary to secure the child's welfare. When a care order has been issued in child protection cases, the local authority is required to consult and involve the parents and attempt to work co-operatively with them in the interests of the child. Legal powers to limit parental rights apply for only a small minority of children who come to the attention of social workers because of child protection concerns.

In Denmark, the legal aspects of out-of-home care are regulated through the Social Assistance Act of 1993, which will be replaced by an Act on Social Service from July 1,

1998. Embedded in the Act is an ideology on early intervention to prevent further development of problems (Ministry of Social Affairs, 1997). For example, it might be better to spend resources on supporting the family in developing better patterns of coexistence at an early stage than to place the child outside home at a later stage. Crucially, as the family is seen as an integrated unit it is important that assistance is given with respect for the integrity of the family, aimed at keeping the child with its parents.

A decision on a compulsory placement can only be taken by the local child and youth committee. The child and youth committee consists of 3 lay members, elected among the members of the local council, a town court judge and a consultant psychologist. A compulsory placement requires an obvious risk of serious detriment to the health or the development of the child or the youngster due to either inadequate care or treatment, violence or serious outrage, problems of abuse, criminal behaviour, or other behavioural or adaptation problems. By using the terms "obvious risk on health or development" means that intervention can take place before serious harm has occurred (Pruzan, 1997.p. 127). The local authority must actively support continuous contact between parents and their children being cared for. In that respect the Danish law leans on theoretical positions of Maluccio (1986), Fanshel (1990) and Triseliotis (1991), stating that the child's natural ties with parents cannot be substituted, and therefore much more should be done to ensure a continuous relationship.

The Danish out-of home care system comprises of three main types of provision of foster care, residential institutions and various kinds of boarding schools. Placement settings also include "collective care' homes, 'youth dens', and 'ship projects'. Collective care homes amounted to almost 10% of all placements at the end of 1996 and may be conceived as something between residential care and foster care. Here, typically six to eight youngsters, usually teenagers may be placed with professionally trained adults. Meaningful in this context is a continuous development of placement settings corresponding to new perceptions and new methods of part-time or flexible placements,

such as placement during the day but sleeping at home or vice versa, or placement during weekends only. There has been a decreasing tendency in the use of foster care and residential care throughout the last ten years, while the share of 'collective care' homes and 'youth dens' or private rooms has grown correspondingly.

Another amendment in 1993 was that the social worker must always prepare a relatively detailed plan for the placement before taking the final decision. The plan must deal with

- (i) The aim of the placement
- (ii) The expected duration
- (iii) Specific arrangements for the child's care, education, treatment and so on
- (iv) Measures supporting the family during the child's placement and eventually the period after the child's return home.

The ownership of a plan is a strengthening of the legal status of the family, as the existence of a plan is a validity criterion. If there's no plan, a decision on a compulsory placement is not valid, and hence the parents can request their child be discharged.

The 1993-law emphasises the following legal rights of families involved in out-of home placements:

- The parents must be informed if the local authority decides to carry through an investigation, and they must be informed about the result of the investigation as well.
- The social worker must see to it that the family is involved as far as possible in developing the placement plan.
- The parents must actively give their consent, orally or in writing, to the purpose of the placement as it appears from the placement programme. This procedural requirement for informed consent must be met if placement is to be carried out voluntarily.
- the attitude of the child must always be taken into consideration, and is to be ascribed adequate importance

- youngsters who have reached 15 years of age have a legal status as being a party to the case. Thus, the youngster must independently give his/her consent to a voluntary placement, and must be involved on equal terms as the parents.
- as regards children at the age of 12-14 years, social workers must have a personal interview with the child before taking any decision on placement.
- When the child is under the age of 12, information on the attitude of the child must be available, if the child is capable of understanding what is going on. However, the attitude of the child must always be included in the social administrations recommendation on placement without consent.

2:2:2 Partnership: Rights Based -- Needs Based

Partnership embodies the notion of participation; despite 'rights', 'equality' and 'power sharing' being operative to both whether by citizens' juries or ladders of participation, in real terms neither is often realised:

“Successful partnership may be identified by respect for one another, rights to information, accountability, competence and value accorded to individual input. In short, each partner is seen as having something to contribute, power is shared, decisions are made jointly, roles are not only respected but also backed by legal and moral rights”

(Quoted in Family Rights Group 1991 p.1.)

Arnstein's framework of citizen participation, refined from a community development arena for use with individual cases does not presuppose equal power sharing between social work professionals and family members. However, it does imply some sharing of power derived from the theoretical premise that:

“participation without redistribution of power is an empty and frustrating process for the powerless. It allows the power holders to claim that all sides were considered but makes it possible for only some of these to benefit. It maintains the status quo”

(Sherry. Arnstein, July 1969. 216-224)

Sanderson (1996) seeks empowerment to encourage self-development and protection to shift power to all citizens. Advocating a needs based policy to address social problems based upon outcomes, he admits that any social justice is improbable without a radical shift in social and economic relations of society towards direct democracy (p. 29). The fact that this is to be politically negotiated neglects to address where real power lies and only serves to realise the words of Arnstien (ibid) Offe (1996 p.96) and Sinfield (1980) ring true:

“Any shift in power to the service recipient is notoriously hard to obtain. Far from ascending the ladder of citizen participation, poor clients are likely to be submerged, taken over or cooled out, the sharing of power by the dominant groups is not likely to come about easily.”
(Sinfield 1980, p.177)

Plant (1992:p.16) has argued that if in fact there are basic needs, and these can and indeed should be used to under-pin a set of enforceable social rights where social and economic inequalities arising from the operation of markets should not just be accepted. Rather, citizenship confers a right to a central set of resources which can provide economic security, health and education and this right exists irrespective of a person's standing in the market. Succinctly, full participation can only be achieved through a full redistribution of power and resources. Together with the autonomy and freedom enshrined in the 'rights and entitlements of citizenship', redistribution ensures the existence of adequate levels in the provision of services.

The realisation of explicit notions of partnership in the Children Act (1989) emerges as being reliant upon the ability of individuals in society to take full opportunity of partnership. In practice this requires a need to redress situational constraints experienced by those who are socially excluded as a result of poverty, racism, assumptions about gender, age or disability. Only when social exclusion is addressed can full inclusion be envisaged. Stemming from resource constraints is the personal problem of having learned sufficient confidence to participate (Triseliotis et al. 1995) in a less controlling atmosphere (Packman 1993).

Biehal et al (1992) have pointed out that in practice:

“participation in decision-making between individuals and social work professionals begins with the definition of problems, since it is the way in which peoples problems are defined which determines the solutions offered to them. Workers may believe that they encourage people to participate in decision-making, when at the outset they may already have a narrow agenda based solely on their own professional assessment. If the individuals are not encouraged and assisted in defining their problems their own view of their problems and preferred solutions may be marginalised or ignored.”

(Biehal et al., p.113)

Resource limitations or tight administrative structures may mean that social work practitioners are constrained in their ability to take account of the needs of users, whether defined jointly or through the use of professional assessment. Such limitations have a differential impact in the cases of Britain and Denmark.

The Children Acts (1989, 1995) and the Social Security Act 1993 (Denmark) do make explicit notions of partnership. However, the realising of such notions presupposes the need to address issues of civil rights and a situation where many users of social services are excluded from full citizenship and equal treatment as a result of poverty, racism, assumptions about gender, sectarianism, age and disability. In Denmark in recent year's social policy initiatives have demonstrated a clear and committed pro-active response to social exclusion in all its forms. Such intervention at a macro-level can only benefit social work practice in its attempts to encourage partnerships. In stark contrast to Britain where needs assessments and means testing tend to dominate the welfare system, the rights of individuals in Denmark are clearly defined with very little assessment of individual needs and means testing.

“Social care provision in Denmark is based on the principle that the rights and obligations of people who are the main users of services are the same as those of all other citizens.”

Philpot (1989)

Such a 'rights policy' has resulted in younger and older people with learning disabilities being integrated into mainstream education, health and welfare services, where formal arrangements between health and social services are emphasised to ensure a coherent service. The implications of these contrasting policy approaches can in some part be measured against the main principles underlined by the UN Convention on The Rights of The Child.

The principle that it is the right of every child to have an 'adequate standard of living for their proper development forms the basis of the UN Convention On The Rights Of The Child (Niven 1989). In July 1993, government figures revealed a marked growth in child poverty during the 1980's and early 1990's with a substantial widening of the gap between rich and poor in the UK (HMSO 1993). In 1993 there were 13.5 million people, including 3.9 million children, living in poverty (using the measure of poverty accepted across Europe of less than 50% of average income after housing costs), representing a third of all children in the UK compared with 1.4 million children in 1979. These figures reveal that children have disproportionately borne the brunt of the increase in poverty in the UK. Furthermore, the number of children living in families completely dependent on income support trebled between 1979 and 1992. Critically these patterns contrast sharply with Denmark and other European countries, where there is less child poverty (UNICEF 1993). Since the relationship between the likelihood of out-of-home placement and being on income support is widely acknowledged, this data has significant implications for child care policy and practice.

A comparative investigation of two research studies (Van der Ploeg and Scholte (1988) and Van der Ploeg 1979 suggest that socio-economic factors have resulted in a situation in which the majority of children in residential care are not children without families but rather 'children from families with problems, increasing numbers of children in residential care in European Union countries are drawn from one parent families and families in the grip of poverty and unemployment and from families affected by parental use of illegal

drugs. Critically, although numbers of children placed in residential care is declining it has been these studies which have revealed that the needs of those children in care are increasing (Ligthart et al., 1991)

The gate-keeping concept of 'in need' embedded in the Children Act offers a potential constraint to notions of partnership and universality. Local authorities in England and Wales are required to provide appropriate services for children "in need". The definition of need is couched in terms appropriate to the language of professional assessment. A child in need is defined as any child whose health or development is likely to be impaired without the provision of services, or is unlikely to achieve or maintain a reasonable standard of health and development without the provision of services, or who is disabled. Denmark, in keeping with the UN Convention on the Rights of the Child places a responsibility on the part of the state in respect of all children (Landsdown 1996). In contrast, the Children Act restricts responsibility to those children who are perceived as vulnerable. Furthermore, recent reports (The Social Services Inspectorate 1992, DOH 1992) reveal that local authorities define 'in need' in different ways. A significant number of authorities are developing a narrow definition of 'in need' which requires individual families to undergo assessment before being able to qualify for access to any services. The reports also found that families on income support or family credit or one parent were not being given high priority, implying individual rights in one area are realised very differently than in another area. With a high correlation between material deprivation and the use of accommodation or care, the implications of this are of great concern for practitioners.

Moreover, research into the implementation of Section 17 of the Children Act amongst Welsh local authorities has provided evidence that child protection draws upon the major area of resources leaving minimal provision for family support or preventative services. Severe constraints on expenditure have meant that family support services are of a low priority. Children suffering abuse or neglect were receiving the highest priority, despite

the views of senior managers that putting more resources into family support would reduce the numbers of children at risk (Colton et al. 1995a; 1995b). Most disturbing, are comments made by the NSPCC (1993) which centre on the finding that because resources are not available, children need to be deemed to be in need of protection to get help. Overall, an accent towards a more harmonised approach on rights and needs in line with Denmark is required to correct imbalances and inconsistencies in Britain.

2:2.3 The Use of Law: Implications for Practice

In contrast to Denmark, Britain's sanctuary in adversarial law limits the use of law as a self-referential system and has distinct implications for decision-making procedures and processes.

“reflexive law . . . will neither authoritatively determine the social functions of other subsystems nor regulate their input and output performance, but will foster mechanisms that systematically further the development of reflexive structures within other social subsystems.”

(T Teubner, 1983, p.275)

Taubner (1983) argues that the task of reflexive law is not to develop its own purposive programme; nor is it to resolve conflicts between different policies; rather, it is to ‘guarantee co-ordination processes and to compel agreement’ (p.277). In terms of child welfare law;

“...it would not be the task of the law either to define or to determine what are the best interests of the child, but rather to provide structures within social work and child care systems which would guarantee co-ordination of representations (which could include those of the child's family) and compel them to work towards agreement.”

(Taubner: p. 36.)

Recent transformations in child welfare law and processes in Denmark reflect the model outlined above, particularly since 1992 Social Security Act where there has been an emphasis on achieving agreement. Action has been taken in lowering the numbers of children who enter care as a result of legal instruments and of engaging parents and children fully in care plans through contracts signed by all parties. In addition, the

reflexive process of decision-making involves the authority being fully obligated to allow 'looked after children' to return home if the parents so wish.

One of the main principles of child welfare law in Denmark is that public support and protection of children and adolescents should take place in co-operation with the parents. However, when the Social Welfare Law was being revised in 1992, one of the criticisms raised was that the requirements for parental consent were too vague. A "grey zone" developed in which parental consent did not constitute a genuine willing agreement, but rather "voluntary" consent given under the threat of force (Andersen, 1989; Betaenkning No. 1212, 1990). Pruzan (1997) has also contended that a where 'grey zone' does exist the law used as an implicitly coercive instrument. Social workers may use law as a 'reminder' to gain the agreement of the parent in cases where it is being asserted that the child should be taken out of the home environment.

Despite these criticisms it is clear that child welfare law in Denmark is located within a social policy context which strives to facilitate a voluntary family-oriented approach to the problem of child abuse. The Social Welfare Act of 1976 recognises that family problems should be regarded and worked on as a whole (Melhbye, 1993). In recognition of these principles, practice involving children and adolescents always integrally involves the whole family unit. Colton and Hellinckx underline the way in which Denmark is unique in Europe in this respect:

"In Denmark social welfare agencies are required to formulate a care programme for each child placed away from home. This should include plans for working with the family during the child's placement, and in the period immediately following rehabilitation. In addition, considerable resources are devoted to maintaining contact between children placed away from home and their birth parents, even when rehabilitation is not possible. It also seems that Danish child welfare agencies assign greater priority to preventing the separation of children from their birth parents than is the case in other EC countries."
(Colton Hellinckx, Residential and Foster Care in the EC; British Journal of Social Work. (1994) 24, 559-576)

The Social Welfare Act of 1976 and the Social Security Act of 1992 has evolved since 1958, replacing the dichotomy between preventive child-care and placement outside the

home with the concepts of voluntary and involuntary or forced placements as the focal points for legal protection.

The emphasis on obtaining voluntary placements as part of attaining goals, which emphasises a co-operative family orientated approach is, as has been evidenced above born out in practice by the fact that only 8% of placements are involuntary. Despite principles, which underlie attempts to induce a more reflexive process of law as integral to Danish Child Welfare law there are some concerns. It is notable that in the area of forcible placements, attempts to clarify criteria upon which involuntary placements could occur have resulted in legal classifications replacing indefinable and obscure language, which dominates the 1976 Act. The 1976 law states that a decision to place a child outside his or her home without consent from the person who has custody could only be taken when placement was “undoubtedly necessary taking into account the well-being of the child or the adolescent because:

1. The child or the adolescent had demonstrated grave difficulties in adjusting themselves to everyday life, to school or to society in general, and the parents could not cope with the upbringing.
2. The child or the adolescent was living under circumstances, which caused their mental or physical health or development to suffer seriously or there was a danger of such suffering.
3. The parents did not ensure that the child or adolescent received the necessary mental care or other necessary treatment for mental or physical ailments.

A key area of contention here is the vague nature of language. What constitutes the state of ‘well being’? It was argued that the concept was unclear and the language indefinable. Here, the main concern was that the conditions for so radical a step as forcible placement outside the home should be clearly stated in the law. The Graverson Committee Report “On the Legal Framework for Efforts to Support Children” (Betaenkning No. 1212, 1990) was subsequently issued to clarify the conditions for involuntary placements and legal protections for families and extensive amendments to the Social Welfare Act (Law No. 501 of 24 June 1992) were implemented in 1993. The amendments stipulated that

certain conditions must be met such as, an 'obvious risk of serious harm to the health or development of the child or the adolescent', before steps can be taken to remove a child or an adolescent from their home even if the parents and or adolescent object: By utilising the term 'obvious risk and health or development ' it signals consideration must be taken, both of the present condition of the child or adolescent and of future conditions while growing up. This means that intervention can take place before serious harm has occurred.

The Child and Adolescent Committee make decisions on forcible measures. This consists of three members chosen from the local authority council, a group of elected officials who represent the lay element, the fourth member is a judge and the fifth a pedagogical-psychological professional member. Questions relating to what type of public body should have the authority to make decisions on forcible placements was thoroughly discussed during the 1992 amendments to the Social Welfare Act. The critical issue was whether authority for involuntary placements should remain in a communal body such as the elected children's board, similar to Scotland's Children's Hearings Panels (SCRA 1996, Cleland 1995, Finlayson 1992), or should be placed in a body which more resembled a law court.

Crucially, the decision for authority to remain in the local elected body was based inter-alia on the premise that a placement should not be considered as a goal in itself, but as part of a process which includes past, present and future initiatives for the family. The Graverson Committee argued that this process would be better managed and continuity more assured by a Children and Adolescent Committee than a legal court. In addition it was considered potentially harmful to have a procedural form in which parents and children could be looked at and could look at each other as opposing parties, particularly since the larger objective of public intervention is to assist the family as an entity.

This lies in stark contrast with the adversarial nature of the system in England and Wales with events entwined in legal frameworks often leading inextricably to a court process which can be intimidating and judgmental, foreign, and sometimes traumatic to families (Parton 1991). In practice, this in part emanates from the notion that:

“The Children Act is based on professional child care traditions and places emphasis on the social worker’s role in protecting children, acting as advocate and participating in legal proceedings”

Alaszewski & Manthorpe (1990), p.246

The Children Act provides parents and children with rights to representation and redress to the courts. But everyone will not feel the same facility with the law, not consider that judicial processes can serve their children’s best interests. Some may prefer to follow an agreement voluntarily entered into with a local authority, alternatively, detailed service contracts between parents, children and other agencies could form part of the means of realising court decisions after they have been made.

Allocation of resources and the use of the judicial system are mis-skewed towards protection, away from prevention, wider needs and rights; far less co-operation and partnership. Child protection procedures allocate scarce resources for children in need meeting government policy needs of controlling costs of welfare provision. The gate-keeping function of procedural mechanisms controls resource allocation but does not address the needs of all children within the community. Hallett (1993) advocates accommodation between the welfare of the child and the notion of justice within the community, raising the issue of the priority of welfare needs and rights of the child above the imperative of controlling resource costs. The Child and Adolescent Committee in Denmark expresses this relationship between the family and the community with social workers as part of this community sharing the same expectations as the family.

Utilitarian approaches in Britain defining the deserving and undeserving poor through emphasis on child protection procedures are self serving (Waterhouse and McGhee 1996),

centred on the para-legal activities of the social worker. Socio-legal controls and procedures often stigmatise supportive child care and family work within social work. Decision-making processes within the court arena in England and Wales are not amenable as a forum within which the complex needs, definitions and perceptions of children and their parents can be easily expressed within the context of legal discourse. (Hetherington 1996). The comparative implications for practice are predicated upon the use of the judicial system in Britain. The focus remains upon protection rather than prevention, asserting the needs and rights of children and parent, so prevalent in the partnership approach in Denmark.

2.3. Placement Provision

‘Specialist carers will necessarily work short-term towards the amelioration of specific difficulties and, afterwards, a child who cannot go home may move to a more traditional foster placement. Moreover, there will still be relatives who are unwilling to obtain a certificate in order to take in a needy child. Hence, more traditional forms of foster care must run in parallel with newer forms: and there should be no question of which is better but only of which is better for this particular child.’
(Colton 1998, p.5.)

Care planning contingent upon the availability of placements tailored to each child’s needs is defined by a convergence in European Social Work theory based upon an ecological approach involving family support and normalisation (Colton 1998). A unifying principle of policy and practice is that “it is impossible to help the children effectively without taking into account their origins, family networks and cultural environments” (ibid.). Relationships between looked after siblings are integral to an ecological approach in policy and practice. The structures and processes, which translate ecological policy into social work practice, are given dimension by Pinctus and Minahan (1973). Here, four main characteristics are proposed. Firstly, a change agent (the social worker, curator or Organisation. Secondly, The client system (the looked after children), Thirdly, the target system (keeping the family system together) and finally the action system (identifying

partners in this process). The specificities of social policies within the UK and Denmark define formulae's for these dimensions. The respective social policy profiles trace very different impacts on social work practice. In Britain, Cochrane and Clarke (1993) have argued that the lack of multi-departmental working between housing and benefit agencies seriously inhibits an effective 'action system'. In sharp contrast:

"In Denmark social welfare agencies are required to formulate a care programme. This should include plans for working with the family during the child's placement and in the period immediately following rehabilitation."
(Colton and Hellinckx, 1994: 565)

Certainly, in Denmark continuity planning for looked after sibling groups, intrinsic to an ecological approach, involves 'action processes' which include partnerships and support for family networks and coinciding partnership and support for carers with varying and specific roles to play in care planning. The availability of a wide spectrum of placements is central to continuity planning (Mehlbye, 1993), Christofferson (1993). Besides the traditional family foster home and residential institutions the Danish Welfare system offers a variety of different boarding schools, socio-pedagogical communities, own rooms etc. For about 37% of looked after children in 1993 the first placement outside home was residential. Importantly this strategy is seen as important as a part of initial assessment and planning. This assessment includes decisions relating to the placement of sibling groups, (Christoffersen 1993).

One of the goals of child care law and policy in Denmark has been to reduce the use of placements without consent to and create a trustful relationship between parents in trouble and the authority. Another purpose was to offer the families some help at an earlier stage, and when necessary place the children outside home in close co-operation with the parents. These changes have not affected the relative number of children in care during the last four decades. Adoption without consent has not been legal under the Danish Social Security Act. In the late eighties and the nineties alternatives to traditional child-care institutions and foster homes has commenced in small scale. These situations often

involve the placement of the whole family or the use of daytime treatment centres where, as Browning (1994) has noted, the public and the private sector now operate in relatively close co-operation. Foster homes and institutions are established by both sectors, but funded by the municipalities and the Government. The extended kinship and kin related household is used relatively less often as foster homes.

“ It has been found that siblings are very often placed together within kin related households and moreover when living separately with relatives siblings are more likely to have adequate arrangements for contact.
(Browning C.J. 1994).”

Kin-related households in Denmark are financially supported but usually less expensive than other foster families. About 9% of the children in foster families were officially placed with their grand parents, while about 8% were officially placed with other relatives (e.g. uncles and aunts) according to an unbiased nation-wide survey sample.

In 1993, about one third of looked after children (35%) were placed in foster homes where at least one of the foster parents were professionals (e.g. social pedagogues with three and half years vocational training, school teachers or psychologists). While about 17% were placed in foster families with some experience from the health and care sector. The remainder (31%) were “ordinary” foster families Christofferson (1993).

Most research conducted in relation to placement practice in Denmark over the last decade has focused on issues relating to incidence and types of ‘out of home’ placement. This reflects an increasing commitment to an ecological approach, which is necessarily underpinned, by a commitment to natural family networks and within these sibling relationships (Christofferson 1993). Recent research has also suggested that parents request many placements of children outside home. However, as Boolsen Mehlbye and Sparre, 1986) found in many cases little information about children and their parents is collected and placed on file prior to placement. Moreover, according to Mehlbye very few files contained written goals for the child’s placement outside home.

Thus, it is argued that, preparations for placements were often unsatisfactory:

“A major problem in the case work undertaken by the social welfare offices was that treatment typically concentrated on the children rather than on their parents” (p.46)

This point is particularly interesting given the development of recent practice which emphasises the importance of work with families as part of a more ecological approach (Mehlbye, 1990).

Recent studies in Britain (Marsh and Triseliotis, 1993) support this view by calling for a range of services at primary, secondary and tertiary prevention levels to which families and children could be referred. Specialist placements in Denmark are given a dual purpose, providing for special or individual needs in parallel with a capacity as a flexible and tailored provision within sibling continuity planning. In Britain whilst the continuum of service provision includes services for children at home, in the community, services for children looked after away from home and services for after care, most research has shown that there has been little choice of placement. This reflects resources, which are limited in scale, and range (Cliffe with Berridge 1991, Triseliotis et al. 1995). Sibling continuity planning is limited by the lack of flexible and tailored provision. The Children Act itself recognises that services for children in the community must reflect different aspects of children's development requiring a multi-faceted response. As a result a mandate for social services to become more inter-sectorial in its response to the needs of children within the community has been emphasised. This mandate is of particular importance to the needs of children with disabilities now designated as children 'in need'. Recognition of the need for broader and widespread provision of specialist placements for looked after children in Britain has led to the emergence of innovative specialist schemes, such as the successful Kent model based upon behavioural parenting (Shaw and Hipgrave 1989). However, Berridge (forthcoming) has found that such provision comprises a relatively small part of the continuum of service provision.

Special needs provision in Denmark is already integral to the spectrum of services offered. The implications of placement provision are integral to care planning as process or procedure (Hetherington 1994) and to participatory models of decision-making (Stone, J.1995). In Britain, a positive response to such issues has taken form in 'The Looking

After Children Project' where there has been use of research expertise to devise dimensions and measures of childrens' progress to assist in planning, review and taking action for individual children. Arguably, the value of such a scheme is undermined by a lack of specialist provision largely as a result of under-resourcing.

2.4 Conclusion

If there is one single entity that differentiates Danish welfare policy from British welfare policy, it is in the policy and practice of redistribution and allocation of resources.

Redistribution, is not only based upon a set of principles but is a distinct instrument of Danish welfare policy, in contrast the residualist principles firmly embedded in British social policy over the last two decades are manifest in the fragmented patchwork of means tested and targeted benefits and services. Embedding egalitarian action allows the utilisation of large interregional transfers in Denmark to achieve major regional redistribution of income, supporting standards in the quality of life through labour market substitution. The use of local socio-economic and demographic indicators in the allocation of resources enables a more pro-active and strategically planned response to local needs and rights identified at district level. The availability of a wide spectrum of provision and services for children in local communities is represented by coherent and comprehensive preventative and therapeutic options for children and families within social service provision. Such wide ranging provision for looked after children makes Britain's efforts minimalist in nature to the point where a substantial upgrade has been called for (Marsh and Triseliotis, 1993). Whilst the continuum of service provision in Britain includes services for children at home in the community, services for children looked after away from home and services for after care, there has been little choice of placement reflecting resources which are limited in scale and range (Cliffe with Berridge 1991, Triseliotis et al. 1995). Flexible, tailored placement provision is integral to the concept of

sibling continuity planning. In care planning, Denmark is unique in Europe in supporting the family while their child or children are being looked after. Parental rights and children's rights are instrumental in ensuring inclusive models of decision-making in care planning and notions of partnership in Denmark are tightly woven in the model of citizenship (Hellinkx and Colton 1994). Predicated within a financial review, notions of partnership in Britain reside within a needs based framework, consequently, the inclusion of parents and children in care planning is constrained by service led provision, limited in scope and range. In Denmark and Britain child care law has converged upon the value of flexible forms of out-of-home care within the community and away from removing children from their homes unless it is absolutely necessary (Gottesman 1994, Madge and Attridge.1996). The practice impacts of these legal principles are critical. They are contingent upon an intricate interplay between resourcing, the form which legal intervention takes, and rights based and needs based policy approaches. In practice, early intervention and out-of-home placement strategies in Denmark rely heavily on the rationale that the child's natural ties with parents cannot be substituted, and therefore much more should be done to ensure a continuous relationship Maluccio (1986), Fanshel (1990) and Triseliotis (1991). The benefits of family and social cohesion may be costly, however they are valued within community cultural values relating to citizenship. These costs could not be met without a fiscal policy based upon redistributive policy and practice. In Britain, the concept of parental responsibility and the focus on the interests of the child overrides the importance of family continuity in practice (Stone 1995). Redistribution has been put in reverse in Britain, with the gap between rich and poor widening (HMSO 1993) largely as a result of utilitarian policies and actions. In Britain, opportunities for any notion of regional transfers of wealth and improvements in social welfare have diminished on the mantra of cost allocations to the deserving poor etc. Above all, children have disproportionately suffered from the increase in poverty. It follows that resources for actions on the scale of the Danish operation for family care and child placement are obviated in Britain by the problems of resources impacting on child care services, which can then only offer out-of home provision, which is limited in scale

and sophistication. Certainly, implicit and explicit controls such as the gate-keeping concept of 'in need' embedded in the Children Act (1989) pose limitations to potential ideas of partnership and universality. For looked after sibling groups, the impact of timing of intervention, mode of intervention and purpose of intervention can be critical. The restricted definition of 'need' (Landsdown 1996) embedded in the Children Act may lead to late or crises intervention when obvious risk is identified. Individual needs and sibling relationships may be heightened in such circumstances and assessments may conclude a need for separate placements and sibling continuity planning may be rendered problematic. In contrast in Denmark, the responsibility of the state in respect of all children allows the timing, mode, and purpose of intervention to be dictated by the rights of the child and their family, allowing early and broad based intervention of an intersectorial nature (including financial benefits, and housing), with more likelihood of agreement within a care process inclusive of the whole family. Sibling continuity planning in Denmark is rendered less problematic within the context of a rights led provision. In contrast children and families in many authorities in the UK are required to undergo rigorous assessment procedures which may involve legal instruments before gaining access to out-of home placement provision (NSPCC 1993, Social Services Inspectorate 1992). In Britain, protection is prioritised and resources for family support work and the development of therapeutic or specialised out-of-home provision minimised. Contrasting emphasis on family support and prevention in Denmark may impact strongly on sibling continuity planning. Differential approaches in the use of legal processes and procedures may also impact strongly on decision-making processes in sibling continuity planning. In Denmark the development structures and processes within social work and child care systems have been formulated upon a rationale, which seeks to co-ordinate representations from the child, the child's family, and social work professionals within a local setting compelling them to work towards agreement Taubner (1983 p.36). The cause of reflexive law is espoused in Denmark in an effort to engage children and families in a process founded on agreement and co-operation (Social Security Act 1992). Whilst notions of partnership embodied in the Children Act would echo the notion that protection

of children and adolescents should take place in co-operation parents. The Children Act calls for greater use of agreement and accommodation in out-of-home placement and the Social Security Act in Denmark enshrines the rights of children and parents to be included in care planning in its guidance documents (Betaenkning 1212,1990). Indicators of the use of legal instruments in the form of care orders in Britain and compulsory placements in Denmark reveal sharp contrasts. Such cases represent 37%(Bilson and Barker 1994) of all out-of-home placements in Britain and only 8% in Denmark (Hestbaek 1998). Importantly however, the divergence between the use of law in Denmark and Britain (and most specifically England and Wales) is manifest in the form which legal decision-making takes in the two countries. Here the procedural nature of the legal system within Britain could not be more distinct from the emphasis, which is given to process in Denmark . The location and make-up of forums encouraged with making compulsory placements has significant implication for decision-making processes. In Denmark such forums reside within communal bodies rather than law courts on the grounds that the placement of a child should not be considered as an objective in itself but rather as part of a process, which includes the child their family and the community in which they live. In contrast, the purposive nature of the legal process in Britain may do much to ensure standardisation and effective child protection. However, as a starting point, initial care planning is made less effective by a procedure isolated from the child's community and family background and so far removed from any cognisance of the child's past, present and future.

Differences in approaches to care planning which emphasise procedure over process (Hetherington 1994) may have significant impact on sibling continuity planning. Clearly establishing 'the child's best interest' a central point of law in British courts is bound up with sibling relationships past, present, and future.

From the comparative evaluation of child care law, policy and resourcing, practice impacts in relation to looked after sibling groups may be explored by developing the concept of sibling continuity planning. The impact of policy and legal operational contexts in Britain and Denmark on social work practice may be defined within a framework of timing, mode, and purpose of intervention. The implications for sibling continuity planning in

practice will be explored within this framework in the chapters, which follow. The matrix below sets out key areas of comparison and contrast, which emerge from the analysis of policy and legal contexts in Britain and Denmark. The comparative survey and case studies, which follow will explore the implications of these legal and policy frameworks and their impact on practice.

Figure 1 MATRIX

STRATEGIC OPERATIONAL CONTEXTS

PRACTICE TIMING	STATE'S PROCEDURES			RESOURCES		
	POLICY		LEGAL			
	Denmark	Britain	Denmark	Britain	Denmark	Britain
	Prevention, through early broad based intervention, involving a range of community and family support services including short term out-of-home placements, financial help and specialist pedagogic support.	Protection, emphasis on investigation of abuse often leading to crises intervention Part 111 of the Children Act (1989) calls for a more balanced approach and use of family support services in the community)	Emphasis on gaining of agreement for out-of home placement as part of preventative approach at an early stage, e.g. use of respite or short term placements or when preventative measures have been ineffective	Widespread use of legal orders (approximately 38% of all cases nationally). Care orders, interim care orders or emergency protection orders are usually made as part of crises or late intervention.	Integrated/ Intersectorial; Based upon universal definition of need, rights based delivery of resources	Limited, defined by narrow definition of need. Procedural/needs based delivery of resources.

Chapter Three

The Danish Survey

3.0 Introduction

The following two chapters will explore key themes and issues profiled in the previous chapter. When policy, child care law and resourcing are placed within the context of social work theory and intervention within Britain and Denmark, practice may be differentiated by the timing, mode and purpose of intervention.

The data collated in the following two chapters will focus on sibling placement and contact in terms of timing, mode, and purpose of intervention. This will include the analysis of variables such as reason for entry, legal mode, and type of placement. This analysis will form the basis of a comparative evaluation in Chapter Five, from which a general theoretical framework and sampling frame will be generated for the subsequent exploration of sibling continuity planning through the use of case study analysis in Chapters Six and Seven.

The foci of these chapters are limited by a concern to explore those key themes and issues which emerge from comparable elements of strategic operational contexts and practice interventions as they impact upon sibling placement, contact, continuity planning and decision making processes and procedures. These elements are outlined in the matrix included in Chapter 2. Some socio-demographic dimension is given to these foci by the concern to achieve equivalence in the selection of the two localities within Denmark and Britain and by the analysis of class and gender. The varying relationships between age and sibling placement and contact is explored in more depth, giving relative evidence of proactive commitment to sibling continuity planning within both area's as well as exploring the appropriateness of placement provision for different age groups within each cohort. In addition the investigation of placement provision and planning for sibling groups which are made up partially or entirely of children with special needs is explored within each cohort.

3.1 Socio-Economic Profiles, Local Policy, and Child Care Law

The following analysis will focus upon the way in which empirical survey findings reflect policy prescriptions inherent in Danish child care law. The analysis will also examine implications of survey findings in terms of practice and resource issues in relation to sibling placement and contact.

The data collated for this cohort relates to full siblings (i.e. children that have a full natural sibling relationship) and does not include any cases involving half siblings or stepsiblings.

Demographic and Socio-Economic Data in relation to the four area agencies chosen from within the Danish region

Regional Profile

The region as a whole has a population of 467,300 and is comprised of urban and rural districts. Of this population, 75, 506 were in the 0-19 age range. The demography is shown below:

0-4	25,865
5-9	16,711
10-15	14,195
15-19	18,735

Within this, the area agencies surveyed had the following demographic and socio-economic characteristics:

District Profiles for social centres 1, 2, 3,and 4

Area 1 This social centre is situated in a rural planning district with a population of 17,456. The main industry is Agriculture and Fishing. The number of children

and young people in this area between the ages of 0-19 was 2090. The unemployment rate is 6.2%.

- Area 2** This social centre is situated within an inner city-planning district with a population of 41,955. Its main industry is commerce and private services such as hotel services. The number of children and young people in this area between the ages of 0-19 is 7,132. The unemployment rate is 7.8%.
- Area 3** This social centre is situated within a planning district on the edge of the city with a population of 34,800 and is dominated by the manufacturing and transport sector including a busy port. The number of children and young people in this area between the ages of 0-19 is 5,800. The unemployment rate is 4.3%.
- Area 4** This social centre is situated in an inner city planning district with a population of 32,912, is dominated by transport and includes a railway station, commerce and private sector operations. The number of children and young people in this area between the ages of 0-19 was 5,185. The unemployment rate is 11.1%.

Local Policy

Policy in relation to Children and Families in the Municipality

During interviews carried out with a senior official within the Social Services Directorate it became clear that the current focus of policy centred upon developing innovatory practice whilst retaining a broad based provision. As was explained:

“This municipality still retains 35 residential institutions, which hold a total of 800 places. We believe it is important to retain such provision as part of a broad range of

out of home placements, however we are also concerned to make our ideas of prevention work.. Part of this is about helping children to stay in close contact with families. We have therefore made some recent advances in practice in our day treatment centres such as the Solbakken Centre. Centres such as this allow children and parents to receive family treatment or skill programmes during the day and to remain together in their home. If such programmes fail in individual cases it may be that an out of home placement is sought for children. This usually only occurs in a minority of cases however it means that we can justify keeping our residential provision alongside other types of provision. It is true that day treatment centres are less costly than residential or professional foster placements however, unlike other municipalities we are not prepared to reduce our residential provision because it is recognised here that a range of provision is always necessary in order that planning can (I am not sure how to say it in English) fit? individual needs of children during the whole time of their care plan. We also want to be sure that the day treatment centres are effective in terms of outcomes. We will carry out similar long-term studies as we did in the case of professional foster care.”

When asked about policy in relation to sibling placement an important point emerged:

“It is very interesting that you should ask me about that, because just yesterday we received a circular (circular nr.203af 26.Socialministeriets) from the Ministry of Social Affairs in relation to day treatment centres emphasising their importance in maintaining family networks and in particular to allowing sibling groups to remain together. So, I suppose that yes in that sense we are developing these new types of provision with family networks and sibling relationships high up in our minds. But having said that even when children do have to be placed out of home we do try to keep siblings together this is why small residential units, collective care communes, and professional foster placements are so useful. In my own experience as a social worker and I worked in three of the social centres here over a fifteen year period, parents and children usually make it clear in their choice of placement and involvement in placement

planning that sibling relationships are important and that siblings should remain together. Where it is accepted that siblings have special needs particularly in cases where we are becoming involved at a crises point, it may then be agreed that siblings are separated for their own benefit as part of a programme of treatment and sibling therapy which will eventually lead to them being placed together. I suppose one of the most difficult areas for us is the placement of younger siblings, here we much prefer younger children to be placed in foster care rather than residential. In most cases however we can only place sibling groups together in professional foster placements. In recent years studies have shown that children who have stayed with professional foster carers found it difficult to relate to them and felt that they were being treated by professionals rather than being part of a family. Those who stayed with ordinary foster parents generally reflected on a more closer family life .(Kandidatopgave - Den sociale Kandidatuddannelse Feb 95 Sadan er det at vaere plejebarn - en kvalitativ undersogelse af 10 tedligere plegebørns hverdags liv og relationer - Lis Lynge Bronholt, Janne Jorgensen Vejleder: Tine Egelund.) In general we feel that a move towards day treatment centres will help to eliminate such problems and keep families together.”

These observations of local policy were very interesting to me in that the promotion of an ecological approach within practice seemed to have been diminished by the use of professional foster carers, which as the data from the four agencies revealed were often located in remote areas or islands at some distance from original family and community networks. Yet at the same time subsequent in-depth case study analysis revealed that such placements were often instrumental and critical within planning for sibling continuity in cases where individual children had special needs. Such placements often acted as bridging placements and also allowed sibling groups to remain together. Critically, several young people commented on the importance of being placed with their siblings in such situations (Lis Lynge Bronholt, Janne Jorgensen Vejleder: Tine Egelund,1995, ibid.) Other studies carried out within the locality included comments from young people who had experienced other specialist placements, including, collective care communes, boarding schools and ship

projects. Placements which case study analysis found to also be instrumental in planning for sibling continuity, and which tended to be more positive and less embued with feelings of cultural or class displacement and problems with distance(Christofferson 1994).

Financial Profile

Income and Expenditure

As has been noted in Chapter Two, universalism combined with tax-financing and high levels of support creates major regional redistribution of income. Fiscal policy in Denmark is highly sophisticated however the general principle which applies is that ‘objective’ expenditure requirements are calculated for each local authority, based upon demographic, economic and housing-related variables. Municipalities with requirements greater than the average receive compensation from those which lie under the average. This redistribution is supplementary to grants received from the central state. The region selected in this survey benefits from these formulae in that it has greater than average requirements in its urban areas. In addition, this municipality benefits from a number of specific problem-related compensatory grants, which are related to the incidence of Aids, alcoholism and drug abuse.

Revenue within the municipality was a total of 39.9 billion Kr. (approximately £3.9 billion)

Taxes	16.3
Treasury reimbursements	3.3
General transfers	5.8
Other revenue	13.6
Loans	0.9
Total Revenue	36.9

Expenditure

Community Planning	1.7
Supply establishments	4.7
Roads	0.3
Education and culture	2.4

Hospitals	5.8
Social and health service	14.7
	(32.1)

Social and Health expenditure clearly make up the largest proportion of expenditure. Of the K14.7 billion spent on social and health care in the municipality.

Placement Provision

As has been noted, the residential capacity consists mainly of small residential units and comprised 800 places. Professional foster carers made up 325 places, ordinary foster carers comprised 412 places, ship projects comprised 70 places, boarding schools comprised 130 places, collective communes comprised 48 places and day treatment centres comprised 67 places. All of these types of provision have been defined in Chapter Two.

An important proviso here is that other municipalities can utilise such places when needed although there is a financial charge associated with this. In addition the municipality does make use of placements in other municipalities.

Danish Child Care Law and Policy in relation to Practice Guidance

Social policy concerning placement outside home is regulated by the state through the Social Assistance Act of 1976. The Act, administered and implemented by the municipalities and counties has been subject to revision several times since 1976 (Pruzan 1997). In 1988 the Danish Government established a committee of experts charged with the responsibility of clarifying the conditions for compulsory placements and the mode of legal protection of the families involved in compulsory placements. The report from the expert committee (Betaenkning 1212, 1990)) contained several proposals for amendment of the Social Assistance Act, several of which were implemented in 1993 (Law No 501 of 24 June 1992).

(a) The Family Unit

The family unit is seen as an integrated unit. It is important that assistance is given with respect for the integrity of the family. Assistance is aimed at keeping the child with her or his parents. A decision on a compulsory placement can only be taken by the local child and youth committee, which consists of three lay members, an elected member from the local council, a town court judge and a consultant psychologist.

(b) Prevention and early intervention

Integral to the Social Assistance Act and Danish social policy in general is an ideology espousing early intervention as a way of preventing problems developing further. Namely, it might be better to spend resources on supporting the family in developing better patterns of coexistence, than to place the child outside home later.

(c) Responsibility

The local authority is responsible for the situation of children and youngsters, supervising conditions under which children and young people under 18 years of age are living in the community (Browning, 1994). The local council must provide counselling and support to the parents or the persons actually supporting a child or a young person. This is especially the case where the child or young person experiences difficulties in relation to his or her surroundings or otherwise lives under unsatisfactory conditions (section 32 c Ministry of Social Affairs, 1997). Specifically, if a child is assumed to be in special need of support, the local authority is obliged to examine the child's living conditions and determine where intervention is required and if so what kind of intervention (section 32 c).

Practice in relation to Investigations

Investigations of section 32c are conducted by caseworkers from the social welfare agency on behalf of the local authority. Five questions according to the law must be dealt with in the statement of investigation:

- (i) A reasoned position on whether there are sufficient grounds to initiate further actions.
- (ii) A reasoned position on which steps to take.
- (iii) Information about the parents' attitude towards these steps.
- (iv) Information about the child's or youngster's attitude.
- (v) A description of the resources inside and around the family which can help in overcoming the problems.

The aim of a thorough investigation is to gain a coherent understanding of the problems and to establish the most expedient plan. This, it is hoped will overcome unsuccessful intervention which is the result of a fragmentary understanding of the problems. (Betaenkning 1212, 1990).

Another amendment in 1993 was that the social worker must always prepare a relatively detailed plan for the placement before taking the final decision. The plan must deal with the following:

- (i) The aim of the placement.
- (ii) The expected duration of the placement.
- (iii) Specific arrangements for the child's care, education, treatment and so on.
- (iv) Measures supporting the family during the child's placement and eventually the period after the child's return home.

The ownership of a plan is a strengthening of the legal status of the family as the existence of a plan is a validity criterion. If there's no plan, a decision on a compulsory placement is not

legally valid, and hence the parents can request their child be discharged.

The Legal Rights of Families:

The 1993-law emphasises the following legal rights of families involved in out-of home placements:

- The parents must be informed if the local authority decides to carry through an investigation, and they must be informed about the result of the investigation as well.
- The social worker must see to it that the family is involved as far as possible in developing the placement plan.
- The parents must actively give their consent, orally or in writing, to the purpose of the placement as it appears from the placement programme. This procedural requirement for informed consent must be met if placement is to be carried out voluntarily.
- the attitude of the child must always be taken into consideration, and is to be ascribed adequate importance.
- Youngsters who have reached 15 years of age have a legal status as being a party to the case. Thus, the youngster must independently give his/her consent to a voluntary placement, and must be involved on equal terms as the parents.
- As regards children at the age of 12-14 years, social workers must have a personal interview with the child before taking any decision on placement.
- When the child is under the age of 12, information on the attitude of the child must be made available, if the child is capable of understanding what is going on. However, the attitude of the child must always be included in the social administration's recommendation on placement without consent.

The legal rights above are designed to ensure the involvement of parents and looked after children within decision-making as part of family participation in the care process. The ascription of importance to the views of children under twelve, the requirement of a personal

interview in relation to placement planning for children over twelve, and the equalisation of rights of children over fifteen with their parents in relation to placement planning, demonstrates a commitment to children's rights in this area. The views of children in relation to sibling placement and contact issues can be given full cognisance within this legal framework of rights.

The Danish out-of home care system is comprised of three main types of provision, foster care, residential institutions, and various kinds of boarding schools. Placement settings also include "collective care" homes, 'youth dens', and 'ship projects'. Collective care homes amounted to almost 10% of all placements at the end of 1996 and may be defined as something between residential care and foster care. Here, typically six to eight youngsters, usually teenagers may be placed with professionally trained adults. Meaningful in this context, is a continuous development of placement settings, corresponding to new perceptions and new methods of part-time or flexible placements, such as placement during the day but sleeping at home or vice versa, or placement during weekends only. There has been a decreasing tendency in the use of foster care and residential care throughout the last ten years, while the share of 'collective care' homes and 'youth dens' or private rooms has grown correspondingly. (Christoferson, 1994)

In 1996, there were a total of 15,948 placements in Denmark (Statistics Denmark, 1997). Many of them were temporary short-term placements, and the total number of children and youngsters placed outside home on December 31, 1996 was 11, 631. This figure corresponds to almost 1 per cent of all children and youngsters in the age group 0-19 years. In the regional conurbation where this survey was carried out there were 1,213 children between the ages of 0 and 19 placed in out of home placements. The municipality involved carried a substantial number of residential placements, which were usually small scale and specialist in nature. The Deputy Director of Social Services from the Social Services Directorate had pointed out to me that the financial commitment required to maintain such placements, was

justified by their value in ensuring effective and appropriate placement planning, particularly for children who had special needs.

In the post-war period the share of compulsory placements in Denmark has fallen from more than a third of all placements to a low peak of 3% in the 1983 (Pruzan, 1997). In 1996 compulsory placements amounted to 9% of all placements in Denmark (Dorthe-Hestbaek 1998). Of the placements surveyed in this cohort, 8% were compulsory placements.

3.2 Sibling Placement and Contact

Of the cases surveyed in the four agencies within the Regional Conurbation in Denmark, 48.7% of looked after sibling groups were all placed together, 11.3% were placed with some of their siblings and 37.4% were placed apart from all of their siblings (Table 3.1).

Table 3.1.

<u>Sibling Placements</u> Danish Cohort		
All Together	56	48.7%
Some Together	13	11.3%
None Together	43	37.4%
Not Known	3	2.6%
Total = 115		

Patterns of contact related to sibling placements are most interesting. Table 3.2 reveals that contact between children who were placed apart from some of their siblings was fairly frequent in the main. In contrast, contact between children placed apart from all of their siblings was more erratic and infrequent in the majority of cases.

Table 3.2

<u>Sibling's Placements (across) versus Contact Sibs in care (down)</u>				
Danish Cohort				
	Some	None	Total	%
N.A.	2	5	7	12.5
Weekly	5	15	20	35.7
Monthly	2	9	11	19.6
Quarterly	4	4	8	14.3
No Contact	0	10	10	17.9
Col Total	13	43		
Col %	23.2	76.8		
<u>Total = 56</u>				

NB: 56 selected if sibling's placements is greater than or equal to some or sibling's placements is not equal to all and contact siblings in care is greater than or equal to Weekly)

Special needs criteria is significant in explaining why a disproportionately high percentage of children in sibling groups comprised of siblings who were all placed separately and had no or very little contact. As Table 3.3 below indicates 11.3% of this cohort were designated as special needs or medical, all of the children with this designation were separated from all of their siblings, this comprised approximately a third (27%) of the children in the cohort. 17% of these cases had a placement purpose designated as special education with 10% designated as having a medical purpose. In all of these cases children were separated from all of their siblings. The relatively high proportion of such cases within this cohort reflects a policy commitment to inclusion of children with special needs (defined as learning, physical psychological or emotional) , (Mehlbye (1993), Christofferson(1994) Pruzan(1997)) within the auspices of the social work sector in Denmark. The availability of a spectrum of specialist placement provision, including professional foster placements, small scale residential units, boarding schools, ship projects and socio-pedagogic communities testify the translation of this commitment into practice. The extent to which special needs provision is integrally incorporated within placement capacity in Denmark lies in stark contrast to the limited range and scale of specialist placement provision within Britain, (Cliffe with Beridge

199 Triseliotis et al. 1995). This, despite clear recognition in the Children Act 1989 that services for children in the community should be multi-faceted in their response to children with special needs.

One explanation for the practice of separating siblings with special needs is that the intensity of individual needs, physical, emotional or psychological may over-ride the importance of the sibling relationship. Specifically tailored environments within professional foster care provision for younger siblings and other therapeutic environments such as socio-pedagogic communes and ship projects for older siblings are used in such cases. These placements may be located at some distance from each other incurring difficulties in terms of contact and sibling continuity planning.

Table 3.3

<u>Sibling's Placements (across) versus Purpose of Placement (down)</u> Danish Cohort						
	All	Some	None	n/k	Total	%
Assess- ment	1	1	4	0	6	5.
Respite	8	2	3	1	14	12.
Sp. Ed.	0	0	19	0	19	17
Medical	0	0	11	0	11	10
Adopters	0	0	0	0	0	0
Prep.	1	0	1	0	2	2
Independ.						
Long	30	8	3	1	42	37
Term						
Short	15	2	0	1	18	16
Term						
Other	0	0	0	0	0	0
n/k	1	0	0	0	1	1
Col total	56	13	43	3		
Col %	48.7	11.3	37.4	2.6		
Total = 115						

Sibling separation and infrequent contact between siblings may also be related to planning and decision-making processes. Equally, the more intense needs of individuals in sibling groups who had entered care at a critical stage require professional foster placements, which were at some distance.

Some contradiction between policy and practice is revealed in Table 3.4. The tension lies between an overtly expressed position, in which the prime aim of family and children policies in Denmark is to prevent children entering care at this critical stage, and the empirical realities represented in Table 3.4 where 11 out of 21 cases who were admitted as a result of child protection were all placed separately. Clearly, in this cohort over 50% of all sibling groups who enter care as a result of child protection issues are likely to be placed all separately and are more likely to experience infrequent contact.

Table 3.4

<u>Sibling Placements (across) versus Reason for Entry (down)</u>				
Danish Cohort				
	Some	None	Total	%
Child Prot.	1	11	12	21.4
Unable	11	21	32	57.1
Mental Ill	0	4	4	7.1
Behaviour	1	7	8	14.3
Col total	13	43		
Col %	23.2	76.8		
Total= 56				

NB: Selected if Sibling’s Placements is greater than or equal to some or Sibling’s Placements is not equal to All AND Contact Sibs in care is greater than or equal to Weekly)

The potency of these findings lie in their propensity of endorsing the policy of prevention propagated in Danish children and families policy. Critically however, the data also highlights the way in which coexistence and rehabilitation within an ecological approach becomes more difficult to implement in terms of practice when sibling groups enter care as a

result of protection rather than prevention issues. Consequently, in terms of practice issues, early intervention may have significant impact in sustaining sibling relationships by focusing on approaches, which may prevent the onset of special needs and critical intervention.

Authors such as Graverson (1990) have emphasised the significance of prevention within Danish childcare law and practice. The above findings confirm policy prescriptions, which emphasise early intervention and are endorsed by their implications in relation to sibling placement and contact. When sibling groups enter care at a critical point requiring intensive intervention and protection they may be less likely to be placed together and are less likely to retain frequent contact. Such a contention may be problematic in that in some cases the prevention of critical intervention and protection may not have been possible. However, it may be argued that these cases are in the minority and that the onus of Danish childcare law is clearly placed upon the prevention of this critical stage and resources are duly placed on prevention (pace Chpt. 2). Anne Dorthe-Hestbaek (1997) has commented upon concerns in relation to the prevention of this critical point of intervention. In her Danish Survey, 'An analysis of children and young people placed outside home' she notes that in more than a third of the cases no preventive or supportive measures had been used before the placement outside home:

"Seemingly there is quite a discordance between the ideal social policy on prevention and early intervention and the harsh realities. A great number of children and youngsters from disadvantaged family's pass through the obligatory health visitors, day-care institutions, pre-school etc. without any adults taking the responsibility for informing the local authorities about the need for intervention, letting the problems grow until a placement is needed."

(Dorthe-Hestbaek, *An Analysis of Children and Young People Placed Outside Home in Denmark* p.13)

Late intervention in terms of sibling placement and contact detailed from the data in this survey makes Anne Dorthe Hestbaek's work more compelling. Contextualising this evidence

however it is important to note that only 21% cases within this cohort were designated as involving protection issues this compares with 73% of cases within the British cohort. Whilst it has also been noted that in a minority of cases early intervention may not prevent the emergence of protection issues (Dorthe-Hestbaek *ibid.* Cleaver and Freeman (1995)) , of concern here is the degree to which sibling continuity planning can take account of individual needs which arise for children within sibling groups who enter care as a result of crises intervention. Such issues will be addressed later in this chapter, when purpose of placement and involvement in decision making will form the basis of an analysis concerned to examine the implications of the timing, mode, and purpose of intervention in terms of sibling continuity planning. The impact of age, and sibling placement and contact has emerged as a key consideration in previous literature (Wedge and Mantle, (1991)), such variable impacts may raise important issues in relation to the timing, mode, and purpose of intervention for sibling groups within different age ranges within this cohort.

3.3 Age and Sibling Placement and Contact

3.3.1 Age Range 0 - 7 years

As Table 3.5 reveals, a relatively high percentage of sibling groups in this age range were placed all separately. Starkly, within this cohort 45% of siblings in this age group were placed separately from all of their siblings. It is important to understand that all of the children in this age range who were placed entirely separately from all of their siblings were in special needs accommodation defined as special education or medical. It may be suggested that in terms of medical criteria the emergence of foetal alcohol syndrome as a criterion for out of home placement is obviously relevant to this age range. Concern in relation to the growing prevalence of this syndrome has led to increased research into support for pregnant women who may have alcohol or drug problems(Pruzan,1995), (Christofferson,1994).

As can be seen from the Table 3.5, 44% of siblings in this age range were placed all together, representing a total of 14 cases. Of these cases, 6 were described as short term and 3 as respite. Clearly, it follows, in most (64%) of the cases where siblings were placed all together the purpose of placement was short term as only 5 out of the 14 cases were designated as long term. By contrast, the group of cases where siblings were all placed separately is characterised by a more complex make-up in purpose of placement. A very high proportion of placements (24%) in this age group had a medical purpose. None of these cases were designated as short term or long term, 8 were designated as medical and 7 as special education. In contrast, all of the cases designated as assessment were placed together.

Table 3.5 sheds some light on the rationale behind these placements. Prominently, 37% of all of the placements in this group were either short term or respite with a further 45% given a purpose of special education or medical. Only 15% of the cases in this age group were designated as long term placements. These indicators may have significance in highlighting the emphasis that has been placed upon prevention and the use of short term and therapeutic placement provision in Denmark in recent years. The low percentage of cases designated as long term may indicate an unwillingness to commit children of this age range to more permanent solutions. Practice rationales promoting prevention through respite and short-term placements for younger children may well proliferate continuity planning most tellingly here.

Table 3.5

<u>Sibling's Placements (across) versus Purpose of Placement (down)</u>					
Selected if age is between 0 and 7 years					
Danish Cohort					
	<u>All</u>	<u>Some</u>	<u>None</u>	<u>Total</u>	<u>%</u>
Assess.	0	1	0	1	3
Respite	3	2	0	5	13
Sp. Ed	0	0	7	7	21
Medical	0	0	8	8	24
Long Term	5	0	0	5	15
Short Term	6	2	0	8	24
Col total	14	5	15		
Col %	41.2	14.7	44.1		
Total = 34					

Table 3.6

<u>Current Plan</u>		
Selected if age is between 0 and 7		
Danish Cohort		
Home 6 Weeks	7	20.6%
Home 6 Months	1	2.9%
Home Long Term	6	17.6%
Assessment	9	26.5%
Remain Placed	10	29.4%
Go to Long Term Fost.	1	2.9%
Total	34	

A commitment to rehabilitation and the integrity of the family is demonstrated from 41.1% of these cases having a current plan that is based upon rehabilitation in the short or long term.

For a substantial group within this age group, continuity planning is primarily based upon the integrity of natural family ties. An important caveat is that 55.9% of these cases had a current plan which either involved remaining in the placement, or assessment. Furthermore, the high number of cases undergoing assessment is more indicative of the manner in which short term placements are used as bridging placements, particularly in relation to special needs cases and cases where reason for entry is child protection. (Christofferson, 1994).

When assessment becomes the focus, individual needs and sibling relationship assessments are brought to the fore (Pruzan 95). Bridging placements allow continuity by treating individual needs, in conjunction with sibling therapy and eventual placement of siblings together. More in depth case study analysis within this cohort demonstrates this process. (pace Chapt.7)

3.3.2 Sibling Placement and Type of Placement

Age Range 0 - 7 years

Within this age group 50% of placements are with 'ordinary' foster carers or professional foster carers. This is indicative of the view in Denmark that it is more appropriate to place very young children in family situations rather than in residential settings (Dorthe-Hestbaek (1996)). Of the cases placed with 'ordinary' foster carers, 4 were placed all together with their siblings and none were placed completely separately. The predominant type of foster setting for children within this age range was professional. Table 3.7 indicates that children were placed with some or all of their siblings in all of the cases in this placement type. These differences, and indeed the predominant tendency of placing younger children with professional foster carers raises issues with regard to the perceived ability of ordinary foster carers to deal with the needs of younger children, and importantly to deal with the needs of sibling groups. Clearly, the degree of training and spatial resource in final delivery may be

key issues here. Crucially, an attempt to establish a practice rationale for this may well centre upon the often problematic nature of sibling relationships. Particularly, in the context of initial entry into care, confused and isolated children may only feel it safe to vent their true feelings with their siblings. In dealing with such difficulties professional foster carers may indeed be better equipped. This younger age group obviously requires greater sensitivity and as Judy Dunn (1982), argues, age is an important factor in relation to cognitive understanding in relation to the separation from birth parents. In all of the special needs cases in this age range, siblings were all separated. This may be indicative of the need to tailor provision to individual needs as an objective, overriding the value of sibling relationships.

Most marked results from the 50% of the children in this age range placed in foster provision were the 47.1% placed with professional foster carers. In contrast, only 6% were placed within residential provision, and as has been mentioned above 44% were placed in special needs provision. In comparison, 12% were placed with ‘ordinary’ foster parents. This pattern of placement for younger children is very much in line with Danish child care practice, where a preference for foster provision for young children is well established.

Table 3.7

<u>Sibling Placement (across) versus Type of Placement (down)</u>					
Selected if age is between 0 and 7					
Danish Cohort					
	All	Some	None	Total	%
Foster	4	0	0	4	12
Sp.Needs	0	0	15	15	44
Com.Home	2	0	0	2	6
Prof. Fost.	8	5	0	13	38
Col total	14	5	15		
Col %	41.2%	14.7%	44.1%		
Total = 34					

As Table 3.8 shows, where cases have been designated as child protection, all of the siblings are separated from each other. This indicator reinforces findings within the cohort as a whole which suggest that late or crises intervention has a significant impact on the intensity of individual needs and upon sibling relationships. Sibling groups are kept completely or partially in tact in 59% of those cases designated as parent unable. Importantly in all of the cases designated as respite, siblings were kept all together. In contrast, children were separated from all of their siblings in those cases designated as child protection. When prevention or early intervention form the basis of social work practice the placement of sibling groups may be rendered less problematic.

Table 3.8

<u>Reason for Entry (across) and Sibling Placement (down)</u>							
Selected if age is between 0 and 7							
Danish Cohort							
	Child Protect.	Parents Unable	Physical Illness	Child's Behav.	Respite Care	Total	%
All	0	9	1	0	4	14	41.2%
Some	0	4	0	1	0	5	14.7%
None	6	9	0	0	0	15	44.1%
Col tot.	6	22	1	1	4		
Col %	17.6%	64.7%	2.9%	2.9%	11.8%		
Total = 34							

3.3.3 Legal Status
Age Group 0 - 7

All of the cases within this age group were designated as ‘agreement’. To a large degree this may result from the impact of the 1992 Social Security Act and subsequent practice guidelines, (Betaenkning 1212, 1990). The importance of gaining agreement with parents is heavily emphasised compared with the last resort imposition of legal compulsory placements. Manifestly crucial in the decision-making process, are the compulsory orders which are

subject to yearly review in Denmark making the impact of the 1992 directives upon older children subject to a move toward increased levels of agreed placements. The implications in practice for decision-making processes within sibling continuity planning will be addressed more fully in Chapter 7.

3.4. Age Range 7 to 12 years

3.4.1 Sibling Placement and Contact

Table 3.9 shows 56.3% of the children located within this age range were placed together with all of their siblings. Of these placements, 38% were long term. Short term provision in this age group was entirely comprised of placements where all the siblings were placed together, as nine of the cases were defined as short term and a further 5 cases defined as respite, this may once again be indicative of the value of short term provision in terms of sibling placement and continuity. Significant for a group of this age is the high level of long term placements. 38% of 7-12 year olds were placed in long term placements. Given the policy of early intervention in Denmark this is an unusually high figure, only mitigated by the fact that 72% of children so designated were placed together with some or all of their siblings. Of the 14 placements where children were separated from all of their siblings, 13 had a special education or medical purpose. Paralleling results from the 0 - 7 age group in revealing the impact of special needs on sibling separation.

Table 3.9

<u>Sibling Placements (across) versus Purpose of Placement (down)</u>						
Selected if age is between 7 and 12						
Danish Cohort						
	All	Some	None	Missing	Total	%
Assess,	1	0	0	0	1	2
Respite	4	0	0	1	5	11
Sp. Ed.	0	0	10	0	10	21
Medical	0	0	3	0	3	6
Adopters	0	0	0	0	0	0
Long	13	5	0	0	18	38
Term						
Short	9	0	0	0	9	19
term						
Other	0	0	1	1	1	2
Col total	27	5	14	2		
Col %	56.3%	10.4%	29.2%	4.2%		
Total 48						

3.4.2 Sibling Placement and Current Plan
Age Group 7 - 12

Assessing the impact of definitions of permanency planning contextually, as the conceptualisation of the maintenance and strengthening of family coherence, it comes as a surprise to find a definite commitment to rehabilitation in only 25.1% of the cases in this age group. This compares with (41.1%) of the 0 to 7 age group. In this age group the majority of children (58%) were to remain placed. The implications of this in terms of continuity of sibling placement are difficult to assess. Clearly given that the majority of siblings who were placed together with all of their siblings in this age group were placed in long term placements, it may be assumed that these are the cases to remain placed in full sibling groups.

Table 3.10

<u>Current Plan</u> Selected if age between 7 and 12 Danish Cohort		
Home 6 Weeks	7	14.6%
Home 6 Months	3	6.3%
Home L. Term	2	4.2%
Assessment	5	10.4%
Remain Placed	28	58.3%
Adoption	1	2.1%
Sp. Needs Respite	1	2.1%
Other	1	2.1%
Total 48		

More use is made of more specialised provision in this age group than in the younger age group in this cohort. Clearly the majority of siblings who have remained all together have been placed either in ‘ordinary’ foster care or professional foster care. Once again most placements involving intact sibling groups are in professional foster care. Commitment to needs led provision and tailoring of needs to provision is demonstrated here by the fact that three of the cases where sibling groups have remained in tact are in ‘family communes’ with a further two cases involved in ship projects.

Table 3.11

<u>Sibling Placement and Type of Placement</u> Selected if age between 7 and 12 Danish Cohort						
	All	Some	None	Missing	Total	%
Foster	8	2	0	1	11	23
Sp.Needs	0	0	14	0	14	29
Com.	5	1	1	0	7	14
Home						
Profess.	9	2	0	1	12	25
Foster						
Ship	2	0	0	0	2	4
Projects						
Family	3	0	0	0	3	6
Commun.						
Col Total	27	5	14	2		
Col %	56	11	29	4		
Total = 48						

3.4.3 Sibling Placement and Reason for Entry
Age Group 7 - 12

Table 3.12 below shows there were 9 cases involving child protection issues. In 3 cases, representing a third of all cases in this category, siblings were placed apart from all of their siblings. The pattern is similar for cases where the rationale for placement is ‘unable’. In 19 cases siblings were placed with all or some of their siblings and in 8 cases siblings were all separated. Clearly, there does not appear to be any significant relationship between reason for placement and sibling placement in this age group.

Surprisingly, of the 3 cases defined as behaviour siblings in 2 of the these were placed all together, and in all of the cases recorded as respite siblings were placed together. What is not

surprising, given Danish child care policy, is to see the overriding concern to ensure continuity in terms of the sibling relationship despite individual needs.

Table 3.12

<u>Reason For Entry and Sibling Placement</u> Selected if age is between 7 and 12 Danish Cohort						
	All	Some	None	Missing	Total	%
Child Prot.	6	0	3	0	9	18.8
Unable	14	5	8	1	28	58.3
Mental Ill	0	0	2	0	2	4.2
Phys. Ill	2	0	0	0	2	4.2
Behav.	2	0	1	0	3	6.3
Respite	3	0	0	1	4	8.3
Col total	27	5	14	2		
Col %	56.3	10.4	29.2	4.2		
Total =48						

3.4.3 Legal Status and Sibling Placement
Age Group 7 - 12

In stark contrast to the 0 to 7 age group, there is a significant representation of compulsory placements among 7 to 12 year olds (Table 3.13). Plainly, the majority of cases were entry by ‘agreement’ (85%) however; nearly 15% of placements in this age range were compulsory. Possible reasons for these differences will be reflected upon in the discussion relating to age and sibling placement following this section. Importantly, where siblings were involved in compulsory placements in this age group, 3 were placed all together and 4 placed completely separately. Once again, it may be suggested that where siblings are placed completely separately in cases involving compulsory placement, there may have been late intervention militating against the possibility of siblings being placed together initially. Case studies, including the investigation of case files, (see Chapter Seven), found that in a significant number of cases, particularly those involving reason for entry as behaviour,

sibling relationship continuity is restored in the second or third placement when siblings are deliberately placed together following treatment and ongoing sibling therapy within specialist placements. The degree of contact maintained between siblings when they are separated represents further evidence of a commitment to practice, policy and theory in continuity of sibling relationships.

Table 3.14

<u>Sibling Placement (across) versus Legal Status (down)</u> Selected if age is between 7 and 12 Danish Cohort						
	All	Some	None	Missing	Total	%
Agree.	24	5	10	2	41	85.4
Compul.	3	0	4	0	7	14.6
Col total	27	5	14	2		
Col %	56.3	10.4	29.2	4.2		
Total=48						

3.5 Age Range 12 to 17

3.5.1 Sibling Placement and Purpose of Placement

Here, whilst 56.3% of the children and young people in this age range were placed with all or some of their sibling group, a significant group, 40.6%, representing 13 cases, were placed apart from all of their siblings in care, (Table 4.13). Of these 13 cases, 4 were long term and 2 were special education. Continuity of sibling relationships within a placement course depends upon other factors such as the degree of contact between siblings and upon other mitigating factors such as individual special needs. However, short term or respite provision was used in only 2 cases. The significance of these findings relate to the degree to which children and young people at the upper end of this age group were being prepared for rehabilitation, particularly since the purpose of placement as preparation for independence was identified in only 5 cases. This question of rehabilitation is important. Given the

emphasis in Danish childcare law on the integrity of the family it would not be unreasonable to expect that the proportion of cases involving rehabilitation, within the short or long term, would have been more substantial in relation to sibling placements. Evidence provided by Wedge and Mantle (1991), and Rowe, (1989), demonstrated that where siblings do remain together with some or all of their siblings, rehabilitation with birth families following out-of home placement is less problematic. Clearly, consistency in terms of contact between siblings placed apart in care is also beneficial in terms of rehabilitation (Farmer and Parker, 1991). The following section relating to current plan may shed some light on this.

Table 3.14

<u>Purpose of Placement</u> Selected if; age between 12 and 17 Danish Cohort						
	All	Some	None	Missing	Total	%
Respite	1	0	0	0	1	3
Sp. Edu.	0	0	2	0	2	6
Adopters	0	0	0	0	0	0
Prep.	1	0	4	0	5	16
Independ.						
Long	12	3	4	0	19	60
Term						
Short	0	0	1	0	1	3
term						
Missing	1	0	2	1	4	12
Col total	15	3	13	1		
Col%	46.9	9.4	40.6	3	5	
Total=32						

Table 3.15 attests that 31.3% of children and young people in this group have a current plan that involves rehabilitation in the short or long term. Because of the age weighting of this group towards the lower end, only 9.4% of this age group were being prepared for independence. At this point it is important to note that in the current plan 53.1% of the

children and young people were to remain placed, this compares with 29.4% in the 0 - 7 age group and 58.1% in the 7 - 12 age group. Significant perhaps, is the respective rehabilitation figures for each age group. In the age group 0-7, 41.1% have a plan, which envisages rehabilitation in the long or short term; here 55.9% of children are placed with some or all of their looked after siblings. In the age group 7 -12, 25.1% have a plan, which involves rehabilitation in the long or short term. Here, 66.7 of the children are placed with some or all of their looked after siblings. Finally, in the 12 -17 age group whilst only 31.3% have a current plan which involves rehabilitation, 56.3% of all siblings in this age group are placed with some or all of their siblings. In addition 9.4% of this age group are being prepared for independence. The placement of looked after children with some or all of their looked after children is at consistently similar levels throughout the age groups despite differences in care planning between the groups particularly in the high level of rehabilitation planned in the 0 - 7 age group. It may be suggested from this that in practice, sibling placement relies on the principle that where placement with sibling groups does not override individual needs siblings should be placed together with some or all of their siblings, whether the current plan for the child is rehabilitation or to remain placed. It is also important to view this data within the practice context of sibling continuity planning in Denmark (pace Chapter 7).

Table 3.15

<u>Current Plan</u>		
Selected if:age between 12 and 17		
Danish Cohort		
Home 6 Weeks	3	9.4%
Home 6 Months	3	9.4%
Home L. Term	4	12.5%
Independence	3	9.4%
Assessment	2	6.3%
Remain Placed	17	53.1%
Total = 32		

3.5.2 Sibling Placement and Type of Placement
Age Group 12 - 17

Table 3.16 indicates nearly a third (28%) of children in this older age group are placed in residential placements. A further 25% are placed in ship projects or family communes and only 9.4% are placed with professional foster carers. It is notable that of the 8 children placed in ship projects or family communes, 7 are placed with all of their siblings. As Chapter 6 will reveal, the therapeutic value of these placements centres upon their often positive impact upon sibling relationships.

Table 3.16

	<u>Sibling Placement and Type of Placement</u> Selected if; age between 12 and 17 Danish Cohort					
	All	Some	None	n /k	Total	%
Foster	2	1	2	0	5	16
Ind. Liv.	1	2	2	0	5	16
Sp.	0	0	2	0	2	6
Needs						
Comm-	5	1	3	0	9	28.1
unity						
Home						
Profess.	3	0	0	0	3	9.4
Foster						
Family	4	0	0	0	4	12.5
Commun.						
Ship	3	0	0	1	4	12.5
Projects						
n.a.	0	1	0	0	1	3.1
Col total	18	4	9	1		
Col%	56.3	12.5	28.1	3.1		
Total = 32						

3.5.3 Sibling Placement and Reason for Entry
Age Group 12 - 17

Of the 18.8% of children in this age group with a reason for entry defined as behaviour, none have been placed with their siblings. Conversely, over 80% of those children in this age group whose reason for entry is designated as parent unable were placed with some or all of their looked after children. This suggests the way in which individual needs may override the placement of siblings together.

Table 3.17

<u>Sibling Placement (across) versus Reason for Entry (down)</u>						
Selected if; age between 12 and 17						
Danish Cohort						
	All	Some	None	n/k	Total	%
Child	0	1	2	1	4	12.5
Prot.						
Unable	13	2	3	0	18	56.3
Mental Ill	0	0	2	0	2	6.3
Behav.	0	0	6	0	6	18.8
Respite	2	0	0	0	2	6.3
Col total	15	3	13	1		
Col%	46.9	9.4	40.6	3.1		
Total=32						

3.5.4 Sibling Placement and Legal Status
Age Group 12 - 17

The number of cases designated in this age group as compulsory was 9.4%. This compares with 14.6% in the 7 - 12 age range and with no compulsory cases in the 0 - 7 age range. These differences may reflect differences in the degree to which children of different ages feel able and confident to articulate their wishes and feelings. Critically, children’s rights are intrinsic to Danish child care law. The wishes and feelings of children must be identified, and

placement plans must be agreed to by children and young people before any placement, whether voluntary or compulsory can be made. Clearly, the ability of children of this age to articulate their feelings more readily may play a role in the reaching of agreement between parents and social work professionals.

Table 3.18

<u>Legal Status and Sibling Placement.</u> Selected if: age is between 12 and 17 Danish Cohort						
	All	Some	None	n/k	Total	%
Agree.	15	2	11	1	29	90.6
Compul.	0	1	2	0	3	9.4
Col total	15	3	13	1		
Col %	46.9	9.4	40.6	3.1		
Total=32						

3.6 Age and Sibling Placement

The impact of special needs placements on sibling placement and contact is most pronounced in the 0 - 7 age range. Here, the presence of a relatively high number (10%) of medical placements may reflect a growing concern in Danish policy and practice with foetal alcohol syndrome. Special needs placements are not as high in the 7 - 12 age group and are minimal in the 12 - 17 age group.

The timing of intervention may also impact on levels of special needs placements, in that in some cases psychological or emotional needs may be symptomatic of late intervention.

Moreover the mode of intervention, defining whether an out-of home placement is compulsory or by agreement may also characterise the timing of intervention. Agreement is more likely in cases involving early intervention (Pruzan,1995),(Hestbaek, 1998).

All of the cases in the 0 - 7 age range are by agreement. This may suggest earlier intervention and may be the result of more frequent checks by health visitors and other professionals in early years monitoring. Whilst the majority of children in the 0 -7 age group in the Danish cohort were placed with some or all of their siblings, the high proportion of special needs placements in this group (45%) involved children who were placed separately from all of their looked after siblings.

Significantly 17.6% of the cases in this age group involved child protection issues. This may give some indication of the number of cases where special needs may have arisen as a result of late intervention. It may be assumed that over half of the children in the 0 -7 age group had special needs that were unrelated to late intervention.

As has been suggested, the timing of intervention has important implications for the placement of sibling groups. Intensity of individual needs is related to initial placement and subsequent continuity planning. In the 0 -7 age group, the majority of placements (72%) did not involve late or crises intervention. An important caveat to this, is the recognition of greyzone placements where parents are urged to agree to prevent compulsory placement, (Hestbbaek,1998), (Pruzan,1997). However recent research in Denmark (Christofferson, 1994, Hestbaek,1998), has found that such placements comprise no more than approximately 10% of all placements. Thus, the majority of placements do involve early intervention and placement by agreement.

Differences in sibling placement patterns between the three age groups may be explained in some degree by differences in special needs ratios. Thus in the 7 - 12 age group 27% of placements were defined as special needs. Here 56% of children were placed with some or all of their siblings. Similarly in the 12 - 17 age group only 6% of placements were defined as special needs, here, 47% of children were placed together with some or all of their siblings.

The broader spectrum of placement types amongst older children was reflected in placement patterns. Therapeutic environments such as ship placements and socio-pedagogic communities often have a dual purpose in catering for complex individual emotional or psychological needs and in providing a therapeutic environment for the placement of siblings together, allowing sibling therapy to occur more effectively (Christofferson, (1994)).

3.7 Purpose of placement

The Social Security Act of 1992 highlights the importance of the adoption of a preventative strategy, and of a flexible approach which emphasis the primacy of the family unit. The family is seen as an integrated unit. The integrity of the family underwrites all forms of support. This, combined with the emphasis on prevention and early intervention which is embedded in the Social Assistance Act 1992, and Danish social policy in general, holds significant implications in terms of the allocation of resources. The argument being that it is advantageous to allocate resources on supporting the family in developing better patterns of coexistence than to place a child outside home as a result of a crises at later stage. This has led to a continuous development of placement settings in recent years. These settings reflect new perceptions and new practice models, e.g. part-time or flexible placements (placement during the day but sleeping at home or vice versa) or placement during weekdays only. There has been a gradually decreasing use of foster and residential provision over the last ten years with a corresponding growth in the use of “collective care’ homes and youth

dens"/private rooms (Christofferson, (1994)). In 1995 there were 16,236 placements in Denmark as a whole, many of the placements were very short. This finding is reflected in this survey. Demonstrating this, only in 10.4% of all cases was the current plan 'home long term'.

Short Term foster provision has been defined in a number of ways in recent years. In 1990, John Triseliotis defined the parameters of short-term foster care as:

"usually ranging from a few days to about three months, this may be complicated by an overlapping with intermediate fostering defined as 'lasting for an average of two years but a longer period is not ruled out." (Triseliotis, (1990))

Clearly this definition encompasses some of the constellation of placement provision offered in Denmark. Arguably, in defining the parameters of that which can be considered as short term or flexible provision, special education placements may fit the criteria defined as short term placements, this may be demonstrated by the current plan as it is related to placement purpose.

Of all the placements surveyed, (Table 3.3), 16% were designated as short term with a further 12% designated as respite. Of the 18 cases designated as short term 15 involved cases where sibling groups were kept entirely in tact and 2 involved cases where children were placed with some of their siblings. As special education criteria often relates to boarding school or ship placements these placements are often short term and flexible. 40% of cases designated as special education were planned either as home within six weeks or six months with a further 20% designated as assessment. These findings are endorsed by a study of short-term placements conducted by Judith Stone (1995). In "Making Positive Moves", Judith Stone found that from a sub-sample of 104 placements made in 1989, 40% were of children placed in short-term placements as part of a sibling group. As Stone points out this compares with the figure of 45% found by Millham et al. in their study. Importantly Stone found that children from larger sibling groups in short-term foster care were likely to be separated from

brothers and sisters as well as from their parents. Significantly, Wedge and Mantle's study, (1991), concluded that as sibling groups were often placed in short-term foster care placements, such placements should be utilised more effectively in terms of the assessment of sibling relationships prior to permanent placement. This, in the light of their findings that the impact of sibling relationships could work against placement stability as well as for it depending on the situation. To conclude, Wedge and Mantle felt that decisions about keeping siblings together should be taken carefully, and foster placements capable of taking sibling groups should be recruited both to reduce stress for looked after children and to prevent further family disintegration. This rationale is echoed in Danish child care law and reinforced by notions of prevention and shared decision-making through the careful distribution of rights and legal redress. Danish child care practice emphasises the use of short-term placements as a pro-active rather than a re-active response. In this sense the use of short-term placements relates more to an underlying rehabilitative philosophy rather than to assessment in preparation for permanence. Importantly the pro-active use of a continuum of placement services has been echoed by studies in the UK thus Morris's idealism in 1984 mirrors some of the central tenets of Danish ChildCare Law and Practice.

" . . .the range of alternatives available to individual families in need of substitute family care need to re-examined and expanded as a continuum, from preventive services precluding entry to care, through rehabilitative programmes involving short-term care only, to foster care with maintenance of family contact, to both open and closed adoption."

(Morris.C., The Permanency Principle in Child Care Social Work, Social Work Monograph 21. p.56)

This inclusive model of substitute care is also embodied in the Children Act 1989. The impact of this model in practice is demonstrated by the Danish cohort study, which reveals a high degree of pro-active inclusive practice. The significance of this model of practice in terms of sibling placement and contact have been demonstrated above, this significance and relationship will now be further addressed.

3.8 Legal Status - the use of agreement as an alternative to compulsory admission

Since 1945, the share of children and young people entering care as a result of compulsory placement has fallen from a third to a low peak of only 3% in 1983. In 1997, compulsory placements amounted to 9 % of all placements.

This survey found that 8.7% of all sibling placements within this regional conurbation were compulsory (Table 3.19). Within this criteria, in three of the cases siblings were placed all together, in one case the child was placed with some of his siblings and in six cases the siblings were all separated. These six cases are part of an entire sibling group.

Table 3.19

<u>Sibling Placements (across) versus Legal Status (down)</u>						
Selected if: -Sibling's Placement is greater than or equal to All OR contact Sibs in care is less than or equal to Weekly Danish Cohort						
	All	Some	None	n/k	Total	%
Agree.	53	12	37	3	105	91.3
compul.	3	1	6	0	10	8.7
Col total	56	13	43	3		
col %	48.7	11.3	37.4	2.6		
Total = 115						

As the tables below show, whilst mothers were viewed as being satisfied with sibling placements in 78 cases out of 92 cases, and the same was true of 5 cases out of 10 cases involving compulsory care orders, all of the cases where mothers were dissatisfied were in

the criteria where siblings were placed apart from some or all of their siblings. Of this group, 26% came from the group of children who were in compulsory placements and 73.7% of those who were in placements on the basis of agreement.

Table 3.20

<u>Sibling's Placements (across) versus Legal Status</u>						
Satisfied Mother = Yes						
Danish Cohort						
	All	Some	None	n/k	Total	%
Agree.	46	8	21	3	78	94.0
Compul.	3	0	2	0	5	6.0
Col Total	49	8	23	3		
Col %	59.0	9.6	27.7	3.6		
Total = 83						

Table 3.21

<u>Sibling Placements (across) versus Legal Status (down)</u>				
Satisfied Mother = No				
Danish Cohort				
	Some	None	Total	%
Agreement	4	10	14	73.7
Compulsory	1	4	5	26.3
Col total	5	14		
Col %	26.3	73.7		
Total =19				
(13 of these cases were not known in terms of mother's satisfaction)				

These indicators may be significant for two reasons. Firstly, it clearly indicates that parental dissatisfaction may be more prevalent in cases where siblings are separated, and secondly of

this group, dissatisfaction is more prevalent in cases involving compulsory placement. These indications are also apparent upon investigation of sibling placement, legal status, and the child or young person’s satisfaction with the placement. This is also apparent in the tables below which clearly indicate that sibling dissatisfaction, as recorded in case files appear to be more prevalent in cases where siblings are separated and within this group dissatisfaction is more prevalent in cases involving compulsory placement.

Table 3.22

<u>Siblings Placement (across) versus Legal Status</u> Danish Cohort						
	All	Some	None	n/r	Total	%
Agree.	43	7	26	2	78	95.1
Compul.	3	0	1	0	4	4.9
Col total	46	7	27	2		
Col %	56.1	8.5	32.9	2.4		
Total=82						

Table 3.23

<u>Sibling’s Placements (across) versus Legal Status</u> Satisfied Sibs in Care = No Danish Cohort				
	Some	None	Total	%
Agree.	3	8	11	68.8
Compulsory	1	4	5	31.3
Col total	4	12		
Col %	25.0	75.0		
Total = 16				
(Sibling satisfaction was not recorded in seventeen cases.)				

Dissatisfaction with placement arising out of siblings being separated is underlined by indications relating to children’s satisfaction and sibling placement overall. Here, the 12.2%

of children reported in this cohort as not satisfied with their placement are made up entirely of siblings who have been placed apart from some or all of their siblings.

Table 3.24

<u>Sibling's Placements (across) versus Satisfied Child (down)</u> Danish Cohort						
	All	Some	None	n/r	Total	%
Yes	56	8	30	3	97	84.3
No	0	5	9	0	14	12.2
n/r	0	0	4	0	4	3.5
Col total	56	13	43	3		
Col %	48.7	11.3	37.4	2.6		
Total 115						

Significantly, all of the 12.2 % of looked children who were recorded as being dissatisfied with their placement had less than weekly contact with their siblings. Out of these 14 cases, 4 had monthly contact, 8 had quarterly contact and 2 had no contact at all. Moreover, of the 13.9% of looked after siblings who were recorded as being dissatisfied, non had weekly contact with their siblings, five had monthly contact, six had quarterly contact and 5 had no contact at all.

Table 3.25

<u>Contact Siblings in care (across) versus Satisfied child (down)</u>							
Danish Cohort							
	N.A.	Weekly	Monthly	Quarter.	No Contact	Total	%
Yes	64	20	7	0	6	97	84.3
No	0	0	4	8	2	14	12.2
n/r	2	0	0	0	2	4	3.5
Col total							
	66	20	11	8	10		
Col %	57.4	17.4	9.6	7.0	8.7		
Total = 115							

Table 3.26

<u>Contact Sibs in care (across) versus Satisfied Sibs Care (down)</u>							
Danish Cohort							
	N.A	Weekly	Monthly	Quarter.	No Contact	Total	%
Yes	53	20	6	0	3	82	71.3
No	0	0	5	6	5	16	13.9
n/r	13	0	0	2	2	17	14.8
Col total							
	66	20	11	8	10		
Col %	57.4	17.4	9.6	7.0	8.7		
Total = 115							

Social Workers Satisfaction

Significantly, as Table 3.27 below shows, of the 56 cases where children were separated from some or all of their siblings, the social worker was dissatisfied in 18 cases, this represents 32% of cases where siblings were placed apart from some or all of their siblings. Of the cases where siblings were placed apart from all of their siblings, social workers were dissatisfied in 13 out of 43 cases or 30% of such cases. This would seem to suggest that

sibling separation was viewed as a significant factor in a substantial proportion of those cases where the social worker was dissatisfied with the placement. Of interest here, social workers did not express dissatisfaction in any of the cases where all siblings were placed together.

Table 3.27

Sibling's Placements (across) versus Satisfied S.W. (down)						
Danish Cohort						
	All	Some	None	n/r	Total	%
Yes	55	8	30	3	96	83.5
No	0	5	13	0	18	15.7
n/r	1	0	0	0	1	0.9
Col total	56	13	43	3		
Col %	48.7	11.3	37.4	2.6		
Total						
= 115						

Whilst social workers were satisfied in 30 of the cases where siblings were placed all separately. This may be contingent on factors such as special individual needs, and frequency of contact. Chapters Six and Seven will examine factors which influence practice in relation to the initial placement of siblings and their placement course in more depth. What is of interest here is the way in which practice in general and the decision making process specifically may be influenced by the degree to which social workers perceive sibling relationships as being an important facet in terms of the child's well being and continuity of placement course. The degree to which this perception is influenced by child care laws, policies and practice guidance and personal views is open to question and this will be explored in Chapters Six and Seven. In this chapter we can only explore practice impacts in terms of patterns in sibling placement and contact which have emerged as outcomes of these decision making process and try to set them into context into terms of legal frameworks, practice principles and the social and economic settings in which these patterns are set. In terms of practice principles, a great deal of current research interest is currently being shown

in the use of compulsory placements in Denmark (see Pruzan, 1997 and Hestbaek, 1998). In terms of the analysis of this data, it is useful to explore whether the use of compulsory placements and those based on agreement have differential impacts on the placement and contact of looked after siblings, and more specifically (as will be explored in Chapters Six and Seven) on the decision making process in terms of initial placement and placement course.

Clearly, the patterns, which emerge in this data, are problematic, in that as has been identified compulsory placements are more likely to be the result of crisis intervention and reason for entry as protection. Hence, sibling separation may be as a result of special individual needs. Importantly however, as has been pointed out in previous research (Bilson, Barker (1994)), contact with siblings is an important part of a child's identity, particularly where the sibling relationship had an established nurturing pattern as part or full substitute for an absent parental relationship. Given the heightened importance of contact in such cases which may well be over represented in cases of crises intervention and compounded by the fact that such intervention may be more traumatic for the children involved, leaving them feeling more isolated, it may be suggested that contact between looked after siblings who are in compulsory placements is as important as contact between looked after siblings who have been placed by agreement. As the tables below show those children who have been placed by agreement seem to have more frequent and regular contact with their looked after siblings than those placed by compulsory mechanisms. The reasons for this will be explored in Chapter Seven. Important factors in this discussion relate to how the decision making process in these cases is influenced by parental rights and children's rights, and also by the degree to which a placement based on 'agreement' results in more participatory decision making in terms of the involvement of parents and children. Complicating this discussion, the 'grey zone' involves an estimated 10% of all cases (Pruzan,(1997)) where parents may have felt compelled to agree. Clearly, the complexities of initial presenting problems in different cases and other variables involved in placement satisfaction renders such

suggestions problematic. Moreover such issues are interrelated with processes relating to the dynamics of the decision making process. These issues will form the focus of Chapter Seven.

3.9 Class and Income

Table 3.28

Finance on entry Danish Cohort		
State Benefits	100	87%
Low Waged	15	13%
Total	115	

The looked after children in this cohort come from families who are on low incomes or dependent on state benefits. The relationship between poverty and the entry of children into local authority care has been evidenced in a number of studies (Pinderhughes 1991; Williams 1991; Ryburn 1994b)

3.10 Gender

As the table below indicates, in contrast to the British cohort there is much more balance in placement patterns when gender is considered. This may, in some respect reflect the availability of a wide spectrum of placements. Social work professionals, in partnership with parents and children may find it possible to tailor placement provision to the needs of sibling groups despite gender differences.

Table 3.29

Gender and Sibling Placement Danish Cohort					
	Female	Male	n/r	Total	%
All	27	29	0	56	48.7%
Some	8	5	0	13	11.3%
None	23	20	0	43	37.4%
n/r	0	3	0	3	2.6%
Col total	58	57	0		
Col %	51%	49%	0		
Total = 115					

3.11 Conclusion

Continuity and Placement Planning

As has been described above, one of the cornerstones of The Social Assistance Act of 1992, is the notion of continuity. Theoretically underpinned by the principle that the child’s natural ties with parents cannot be substituted, and therefore much should be done to ensure a continuous relationship (Maluccio et al. (1986), Fanshel et al. (1990), Triseliotes (1991)), continuity in Danish child care law and practice is defined as being three dimensional i.e. continuous in relation to the placement course, in relation to caseworkers and in relation to

the relationship between the birth family and the child. Further, the emphasis here is not on continuity in terms of permanency as emphasised in Britain (Triseliotis 1991), but rather rehabilitation is emphasised and thus the primacy of the integrity of the family in Danish child care law has led to the emergence of principles of practice which centrally reside with the need to maintain or re-instate coexistence. By implication, sibling placement and contact becomes central to this process in that the sibling relationship is integral to integrity of the family and valuable to the implementation of practices which realise coexistence. Hence the inclusive and pro-active model which has been identified as a key prerequisite to Danish social work practice in relation to families and looked after children, has the aim of being inclusive, not only in terms of parental contact with looked after children and family support for looked after children but also in recognising the importance of continuity in terms of sibling relationships. Clearly, this latter practice principle is also relevant to casework practice in Britain. The key distinction here however lies in the direct relevance held in Danish child care law and practice between key principles of coexistence and family integrity and in giving priority and significance to sibling relationships as being integral to rehabilitation. Thus, it may be argued that sibling relationships are, by virtue of the driving principles of childcare law and practice in Denmark given a definite role within rehabilitation and coexistence and in recognition of the integrity of the family. The significance of these driving principles in terms of practice impacts will now be assessed.

Placement Course

As has been described above a key dimension of continuity as defined within Danish child care law and practice is continuity in terms of course of placement. In absolute terms, the degree of placement breakdown may give an overall indicator of continuity within placement course. One possible indicator of this lies in the number of placements experienced by this cohort. In terms of this indicator only 7% of looked after children in this cohort had

experienced more than three placements, this compares with 52% in the British cohort. The number of placements in relation to sibling placement shows high numbers of siblings experiencing at least 2 placements (55%). This would go some way to illustrating patterns of planning which emphasise the importance of initial assessment of sibling relationships.

These initial assessments are usually carried out within residential settings within the context of the child's overall assessment. Siblings entering care with intensive or acute individual need may be separated as part of this assessment period. However siblings entering care in the early stages of prevention will remain together and a plan will be made to ensure continuity in terms of sibling placement and contact (Betaenkning 1212 1990). Importantly, this planning is very much an inclusive process involving sibling views and parental views, especially relating to contact arrangements within specialist placements where it may be more conducive to separate siblings in the light of intensity of individual needs or in the light of the need for a programme of sibling therapy or both. Examples of this are evident in this data. Demonstrating this, this cohort has a number of cases which all have similar planning patterns. For children with behavioural problems, special schools are used following a period of assessment within a residential setting. Siblings, entering care for this period are usually separated during their second placement and placed in tailored provision in relation to behavioural problems usually special schools. This placement is then usually followed by a suitable foster placement for both siblings. During all of these stages most sibling groups within this criteria attended sibling therapy sessions. A commitment to the importance of the sibling relationship is evident in these planning principles.

In terms of this cohort it has been seen above that high levels of sibling contact are maintained, 56% of children who are separated from some or all of their siblings see each other on at least a monthly basis. 36% have contact on a weekly basis. An important caveat here is that for a relatively high proportion, 12.5% of separated children in this cohort, contact was not seen as applicable. This may relate to the high proportion of children with medical needs particularly among the 0 -7 age group. This combined with relatively low

levels of breakdown suggests that these definite inclusive and proactive planning mechanisms are conducive to the promotion of sibling relationships in most cases.

In terms of continuity, these indicators may suggest that where looked after children enter care as a result of protection issues, it may be suggested that as the intensity of individual needs grows so the effectiveness of planning is made far more fragile in parallel with the fragility of individual children entering care at crises points in the lives of themselves and their families. Further, it may be suggested that care planning is thus rendered a more delicate process in which each decision becomes critical and poor decisions in relation to placement whether inclusive or dictated largely by professional judgement are rendered potentially more threatening to the well being of children and the integrity of the sibling group.

Chapter Four

The British Survey

4.0 Introduction

Child Care Law in Britain

As has been outlined in Chapter Two, the main principles of the Children Act (1989) emerge from a belief that:

“Children are generally best looked after within the family with both parents playing a full part and without resort to legal proceedings.”

Department of Health (1990)

The underlying philosophy of the Act is to keep children within their families, wherever possible, to uphold parental responsibility and to effect a partnership with parents and children. Patterns of sibling placement, contact and continuity planning will be analysed in the light of such principles. The focus of this chapter has been outlined in Chapter Three. The following analysis will allow a comparative evaluation of the Danish and British surveys in Chapter Five.

4.1 The British Survey

Regional Profile

Similar to the locality in Denmark, the British region is comprised of an urban centre contrasting a large coastline with extensive rural surroundings. The population of 557,000 is mainly employed in public and industrial sector operations. Of this population 98,481 were in the 0-19 age range, representing approximately a fifth of the total area population. The demography is shown below

0-4	29,840
5-9	26,711
10-14	19,195
15-19	22,735

Within this the area agencies surveyed had the following demographic and socio-economic characteristics

District Profiles for social centres 1, 2,3,and 4

Area 1 This social work agency is situated in a rural district, with a population of 22,543. The main industries are Agriculture, Energy, Water and a small Fishing industry. The number of children and young people in this area between the ages of 0-19 was 4,876 the unemployment rate is 6.2% .

Area 2 This agency is situated within an inner city district with a population of 53,932. The main industry is commerce and public sector employment. The number of children and young people in this area between the ages of 0-19 is 12,876. The unemployment rate is 13.8%.

Area 3 This agency is situated within a district located on the outskirts of the city with a population of 41,976 and is dominated by the manufacturing and transport sector including a busy port. The number of children and young people in this area between the ages of 0-19 is 8,930 the unemployment rate is 11.9%.

Area 4 This agency is situated in an inner city district with a population of 39,742 and was dominated by transport, commerce and private sector operations. The number of children and young people in this area between the ages of 0-19 is 10,954. The unemployment rate is 11.1%.

Local Policy

Local policy documentation reiterates and endorses recent research findings and the local authority is actively engaged in re-focussing its resources towards a more preventative strategy. This survey was carried out in 1994 at the point when this local authority was about

to become unitary. The social services annual report (1994-1995) identifies its key principles for looked after children as follows;

“Permanence is essential for children in order to provide them with a foundation from which to develop their identity, values and relationships throughout their childhood into adulthood. For most children, permanence is achieved within their family of origin and every effort should be made to sustain this situation. When separation cannot be avoided the child should, wherever appropriate, be restored to their family as quickly as possible.”

The report goes on:

“The past year has been challenging and productive, as the Department, alongside colleague agencies, has worked to maintain a sense of purpose and direction in our work with children and families. Major work has gone into developing Practice Guidance with regard to Risk Assessment and Risk Management. We hope the legacy of this for our successor Authorities is a workforce confident in its judgement and handling of referrals. The aim has been to encourage support for families without losing sight of any protection needs of individual children. To this end, Family Centres have continued to undertake more direct work with families in contrast to the more traditional day-care provision. Likewise, other services such as outreach work, respite care, home care assistants, family therapy and group work have increased our capacity to target support towards those most in need in order to try to prevent children entering the child protection process. Our aim overall has been to address and take heed of “Messages From Research” and to achieve a proper balance between safety and support.

The degree to which these innovations made an impact on care planning for sibling groups can partly be gauged from the survey, which follows.

Importantly a report from one of the ‘successor authorities’ (this borough contained 3 of the four agencies surveyed) from the unitised council two years later identified key gaps as being:

- "Networks to offer support and information to young people living alone or in semi-independent accommodation.
- A range of accommodation options to reflect the variety of individual needs from short term, emergency places, through supported settings to independent settings.
- Long term planning by professionals on a multi-disciplinary level in order that looked after young people and those with disabilities have a smooth transition into independence and adulthood."

In establishing achievement goals to fill these gaps the report goes on to say that;

“We will establish mechanisms for evaluating outcomes for care leavers and use these findings to inform future service design and development, these will include:

- Landmark Reviews for young people looked after at age 15 years will involve all relevant agencies in formulating the plan for transition to independence
- Statutory reviews, at age 14+ of children with special educational needs will be key to planning transitional arrangements to adult services.”

The new unitised boroughs obviously benefited from being able to operate an inter-sectorial strategy, as services were lateral rather than tiered. Of great irony however, and as is noticeable from the gap identified above in terms of provision of specialised short-term placements. Placements could only be used from within the boundaries of each borough. The successor authority responsible for the report cited above was an area with a great deal of

socio-economic problems, thus placements were radically less available than in neighbouring authorities.

The analysis of the survey data that follows must be seen in the light of the significance of the implications of local restructuring. The distribution of placements within the county became radically altered by unitisation. The impact of this was felt most acutely by the boroughs, which were profiled as having higher levels of socio-economic deprivation as these boroughs tended to have a much lower placement availability.

Financial Expenditure

In this local authority £64,071,700 was spent on social services out of a total budget of £417,815,000.

Placement Provision For Looked after Children in the local British Area.

The greatest proportion of places available were foster placements, here 587 places were available. 28 places were available, in total, in residential units this was comprised of community homes and CHE homes . Special needs provision was estimated at 52 places and this included boarding school provision. There were 12 Independent living places available.

4.2 Sibling Placement and Contact

Emphasis is given to contact between looked after children and their birth families

“...for the majority of children there will be no doubt that their interests will be best served by efforts to sustain or create links with their natural families.”

(DoH, 1991, p.66)”

The Children Act (Section 23(7)(b)) requires that children be accommodated together whenever reasonably practicable and consistent with the child's welfare. However, the importance of sustaining sibling relationships is not specifically referenced by the Act or its guidance documents. Further, issues in relation to sibling placement are not specifically included in key areas to be considered at a child's review.

As the table below shows 32.8% of siblings in the British cohort were all placed together, with 23.9% of looked after children placed with some of their siblings and 41.1% of the children placed with none of their siblings.

Table 4.1

<u>Sibling Placements</u>		
British Cohort		
All	59	32.8%
Some	43	23.9%
None	74	41.1%
n/r	4	2.2%
Total = 180		

A significant proportion of children (25%) who were separated from all of their siblings had no contact at all with their looked after siblings. Only 2.9% of children in the British cohort had a placement purpose designated as special needs. Special needs designation may give a rationale to the separation of looked after siblings, particularly in the case of medical needs or disability, as was shown in the Danish survey.

Table 4.2

Sibling's Placements (across) versus Contact Sibs in care (down)						
British Cohort						
	All	Some	None	n/r	Total	%
N.A.	59	5	1	0	65	30.5
Weekly	0	8	23	0	31	17.2
Monthly	0	9	22	0	31	17.2
Quarterly	0	7	9	0	16	8.9
Yearly	0	1	0	0	1	0.6
No Contact	0	13	19	0	32	17.8
n/r	0	0	0	4	4	2.4
Col total	59	43	74	4		
Col %	32.8	23.9	41.1	2.2		
Total =180						

Resources are essential to the maintained contact of looked after children. The level of resources determines, to a large extent, the maintenance of good practice in promoting sibling continuity of relationships and the psychological and emotional well being of children in the majority of cases (Dunn and Kendrick 1982, Hamlin 1979). In those cases where children are placed separately from some or all of their siblings in care or accommodation any commitment to the maintenance and promotion or development of sibling relationships necessarily relies on continuity of contact. Practice in relation to sibling placement can be constrained by lack of resources (Tidsall 1997). There is little justification for practice in relation to continuity in contact between siblings to be impeded by resource constraints. Of the 117 cases where children were separated from some or all of their siblings, 32 had no contact at all with their siblings. Significantly of the 74 cases where children were placed apart from all of their siblings, 19 had no contact with their siblings in care. Continuity of sibling relationships apparently is not always a priority in terms of practice. To what extent did resources related to social workers time and to transport or supervision costs act as a factor in determining contact between looked after siblings? Earlier studies argue that lack of resources should not be an influence on practice in this area (Bilson and Barker 1994, Jenkins and Norman 1972).

Distinctly, prioritisation of tasks by social workers and costs incurred by placements which may be at some distance from each other as well as supervision costs clearly do lie within the domain of resources.

More problematic are the six cases involving separated siblings which were regarded as not applicable in terms of contact issues. These cases may involve young babies or children with profound special needs. 'Reason for entry' is clearly important as an influence on patterns of sibling placement and the degree to which reason for entry influences practice in relation to sibling placement is quite crucial. Factors such as special individual or medical needs hold equal importance to the degree to which entry is determined by protection or prevention issues. Timing, level and mode of intervention which may in themselves impact upon decision-making in relation to sibling placement and subsequently on continuity in terms of maintaining the sibling relationship should always remain in critical focus. To exemplify this, those cases, which involve protection issues, may involve children who have had highly stressful or damaging experiences. Such children have more intense individual needs, and entry into care with their siblings may indeed mean that they can only focus their frustration, anger or anxiety through this relationship. Conflict may be perceived as damaging to the individual children as well as destabilising to the placement. Evidence from the Danish survey would suggest that sibling continuity planning in such cases should involve the use of specialist placements such as socio-pedagogic communes or ship placements, which provide a therapeutic environment for sibling groups(Melhbye,1993).

4.3 Sibling Placement versus Reason for Entry

56% of children who entered care as a result of protection issues were separated from some or all of their siblings (where reason for entry is Child Protection). Out of the 110 cases, only 46 children were placed with all of their siblings, 28 children were placed with some of their siblings and 33 children were placed with none of their siblings. Where reason for entry was

'unable', 5 children were placed together with all of their siblings, 5 children with some of their siblings and 17 children were separated from all of their siblings.

It is interesting that none of the cases where reason for entry was recorded as 'parent unwilling' involved sibling groups being placed all together. Here only 2 children were placed with some of their siblings with the majority 14 being placed with none of their siblings. One would have assumed that the sibling relationship may have been critical in such cases given that the children had been in a sense rejected by their parents. Clearly, as has been stated throughout this analysis, the complexity of presenting problems and relationship issues means that these patterns may only be commented upon in very general terms in terms of practice in relation to sibling placement and contact. Significantly however, the majority of cases (61%) involve protection issues and it may be important to examine the importance of this in terms of sibling placement. The comparative analysis of the Danish and British cohort may be of use here. The majority of cases (56.3%) in the Danish cohort recorded reason for entry as 'parents unable'. It may be interesting to explore the significance of timing of intervention and emphasis on early intervention in Danish practice in militating against the presentation of intense individual needs and strains within the sibling relationship. Parallel emphasis on sibling therapy within the Danish cohort may also be significant here. Clearly these factors are implicit within wider variables such as resourcing, children and families policies and child care law. Any attempt to extrapolate the significance of timing and level and mode of intervention in terms of the impact on sibling placement also involves an examination of relative patterns of purpose of placement

Table 4.3

<u>Sibling Placement versus Purpose of Placement</u>						
British Cohort						
	All	Some	None	n/r	Total	%
Assess- ment	16	8	10	0	34	18.9
Respite	0	0	3	0	3	1.7
Sp. Ed.	0	0	2	0	2	1.1
Pre- Adopt.	4	2	7	2	15	8.3
Adopt.	5	10	1	0	16	8.9
Independ.	0	0	2	0	2	1.1
Prep.	0	0	5	0	5	2.8
Indep. Long Term	25	12	30	0	67	37.3
Short Term	11	6	11	1	29	16.1
No Alt.	0	2	4	0	6	3.3
Other	0	0	0	1	1	0.5
Col total	61	40	75	4		
Col %	34%	22%	42%	2%		
Total =35						

4.4 Purpose of Placement

Table 4.3 shows that only 16% of the cases in this cohort involve short term placements, with a further 18.9% of cases recorded as assessment. Whilst only 1.7% of cases are recorded as having a respite purpose. It is interesting to see that of those cases designated as short term or assessment, the majority of siblings are placed with some or all of their siblings. Thus, out of the 34 cases recorded as having the purpose of assessment, 16 of the children are placed with all of their siblings, 8 are placed with some of their siblings and 10 with none of their siblings. Of those cases designated as short term 11 are placed with all of their siblings, 6 with some of their siblings and 11 (or 39% of such cases) with none of their siblings. Of the cases designated as long term, 45% of children are separated from all of their siblings. Critically, the implications of sibling separation may also have a bearing upon placement breakdown (Rowe, 1984). Consequently, those siblings placed separately also appear to experience a higher number of placement breakdowns. This would seem to be born out by the data in this study. Of the 60 cases involving children in this cohort who experienced 3 or more placements 34 cases involved siblings who were placed apart from all of their siblings. Of the 30 children who had experienced 6 or more placements 21 children were placed separately from all of their siblings. For this group of children in particular, continuity in terms of sibling relationships, must be seen within discontinuity of placement course generally. It could even be suggested that the two are linked. However, at this stage patterns within this data may only be analysed in general terms not least because other factors such as legal status and types of placements available may combine to influence placement continuity. Indications prevail that discontinuity of sibling relationships may be a significant factor in placement breakdown in some cases. Certainly, the exploration of continuity of sibling relationships in terms of continuity of placement course needs a focus on individual cases and an exploration of the perceptions, meanings and feelings attached to placements, contact, and decision-making processes.

4.5 Current Plan and Purpose of Placement

The Children Act stresses the importance of continuity in terms of family relationships. It is useful to attempt to define the implications of this concept in terms of practice.

Conceptualisations of continuity in terms of permanency planning do seem to have been mitigated by the growth of more open-ended forms of practice in Britain. As Stone, 1995, argues greater use of short term and respite placements generally are most beneficial for sibling placements. Data from Table 4.3 reveals only 16% of the children in this cohort are placed within short-term placements. Mitigating this Table 4.4 below shows that 24.4% of children in this cohort are placed for adoption. Adoption is cumulative, in that meanings, perceptions, and feelings are built upon previous experiences including emotional attachments, fears, desires, and defences (Silber and Dorner, 1990, Ferguson, 1981, Hoopes, 1990, Ward, 1981). Arguably, this philosophy, built upon practice research has important bearing upon pre-adoption and sibling groups. Here, continuity of sibling relationships, particularly for older children, becomes vital, as it is in all but a small minority of cases, implicit to a child's well being in the promotion of essential parts of the self, which rest upon previous close relationships (Bee, 1992). Adoption renders this process explicit in its finality and continuity of sibling relationships becomes critical. Arguably, this continuity as a principle of practice, has great bearing in relation to pre-adoptive practice. In the light of this, it may be of significance that in the British cohort, 32% cases where the current plan was 'adoption' were placed apart from all of their looked after siblings, with a further 34% of such cases placed apart from some of their looked after siblings. Children were placed with all of their looked after siblings in only 27% of those cases involving adoption as the current plan. As has been described, the issues raised by this are brought into sharp focus by the finality of adoption. Arguably, conceptualisations of continuity which relate to the importance of stability of relationships and environment, as related by permanency planning, are really themselves a cognisance of the integral worth of attachment, to the promotion of the self and well being. What is argued here is that attachment, and more specifically sibling attachment,

is not fragmented but is part of a continuous stream of experiences in which each phase of the relationship develops from the previous phase. Arguably, this philosophy has important bearing upon pre-adoption and sibling groups. The application of such principles in relation to sibling placement and contact are particularly important in pre-adoption planning. For this reason in pre-adoption, sibling placements, contact and sibling therapy intervention, are areas of practice of strategic importance to the promotion of self within looked after children. These strategic areas of practice are pertinent to all looked after children. It may be significant that for this cohort, siblings were more likely to be placed together when the current plan involved a return home within the short or long term. Thus, in 75% of cases children remained with all of their siblings when the current plan was to return them home within 6 months. In sharp contrast approximately 50% of cases where the current plan was to remain placed involved cases where children were separated from all of their sibling group. Significantly, children were separated from all of their siblings in 11 out of 13 cases where the current plan was for long term foster care. These patterns raise important issues in relation to continuity planning for sibling groups, where the complexity of variables involved do render the possibility of clear messages emerging problematic. Differences in approaches in relation to continuity, ie. permanency planning and more open ended approaches combine with differences in case histories, presenting problems and placement availability to restrict the possibility of definite practice prescriptions.

As has been recognised in the local area surveyed in Denmark, practice in relation to sustaining continuity of sibling relationships for looked after children, requires very careful planning involving the availability of a range of placement types specific to the needs of the siblings as individuals and groups. A commitment to sibling therapy, where appropriate is integral to this planning. Critically, a resoundingly clear message is that for children in long term and pre-adoptive situations, a more pro-active and planned approach to continuity planning is needed. Studies relating to child development and social work practice in adoption (Bee,1992, Triseliotis,1984, Singer, 1990,Schaffer,1990) have emphasised the increased vulnerability of children who are looked after in terms of the fragility of self concept and the importance of attachment. This deprivation is compounded by length of

time, substantially increasing the need to focus on a pro-active and inclusive approach to sibling continuity.

Table 4.4

<u>Sibling's Placement (across) versus Current Plan (down)</u>						
British Cohort						
	All	Some	None	n/r	Total	%
not known	6	0	1	0	7	3.9
Home 6 Weeks	3	2	1	0	6	3.3
Home 6 Months	8	2	0	0	10	5.6
Home L. Term	0	2	2	1	5	2.8
Go	0	1	1	0	2	1.1
Relatives						
Independence	3	0	8	0	11	6.1
Assessment	6	4	6	0	16	8.9
Remain	17	12	25	0	54	30.0
Placed						
Go L.T.	0	2	11	0	13	7.2
Foster						
Adoption	12	15	14	3	44	24.4
Unclear	2	1	2	0	5	2.8
Other	2	2	2	0	6	3.3
n/r	0	0	1	0	1	0.6
Col total	59	43	74	4		
Col %	32.8	23.9	41.1	2.2		
Total =						
180						

The concept of inclusivity is embedded in notions of partnership which permeate the Children Act. This concept is problematic because it operates at different levels and may be interpreted in different ways. Starkly, 66% of children with a current plan involving adoption were separated from some or all of their siblings. Once again there may be several different individual, or combined reasons for separation, including the lack of space and financial resource of potential adopters. Equally however, continuity of sibling relationships in the pre-adoptive placements must also play a part. The quality of this continuity may relate in itself to a series of other factors, including degree of contact between siblings. Importantly day to day decisions about matters such as contact may, like key arenas of decision-making such as reviews, be contingent upon variables such as the degree of inclusivity within decision-making. (Hestbaek, 1998) The degree of inclusivity may reflect differences in current legal status (Pruzan 1997, Hestbaek, 1998) . .As Table 3.4 demonstrates, patterns of sibling placement do not seem to vary vastly according to legal status (i.e. approximately 30% of all accommodated children in this survey are separated from all of their siblings and approximately 30% of all cases designated as care orders involve children who are separated from all of their siblings). In this cohort it would appear that current plan, purpose of placement and type of placement used, particularly in relation to whether the placement is short term, long term fostering or pre-adoptive, has more bearing on sibling placement than legal status. Hence, continuity planning which centres upon the use of short term or respite care, used in conjunction with a rehabilitative current plan, seems to carry with it more likelihood of siblings being placed together. Importantly, whilst this form of intervention may be contingent upon a particular approach (i.e. open ended approaches rather than permanency planning) they are also contingent upon specific case histories and presenting problems. In addition this approach is reliant upon the availability of particular types of placements. Whilst legal status may not carry significance in terms of sibling placement patterns it may carry significance in terms of inclusivity within decision-making processes governing patterns of contact between siblings. In this cohort there was no contact between looked after siblings in 10% of the cases designated as care orders. In stark contrast in all of the cases designated as accommodated siblings were in contact at least four times a year, with the majority of

separated siblings (65%), in contact at least monthly. Moreover, in cases designated as care orders, only 35% of separated siblings were in contact at least monthly.

Table 4.5

<u>Sibling Placements versus Legal Status</u>						
British Cohort						
	All	Some	None	n/r	Total	%
Accom.	12	6	16	1	35	19.4
E.P.O	0	1	0	0	1	0.6
I.C.O.	10	7	11	2	30	16.1
C.O.	35	26	39	0	100	55.6
Ward	0	0	2	0	2	1.1
Freed	0	0	5	0	5	2.8
Other	0	3	1	0	4	2.2
n/r	2	0	0	1	3	1.7
Col total	59	43	74	4		
Col %	32.8	23.9	41.1	2.2		
Total =						
180						

Again, it may be that the purpose of placement and type of placement used has greater impact on sibling placement than legal status in itself. Of all the cases designated as care orders 12 are pre-adopt and 10 are adopt, in terms of their purpose. Re-enforcing this, figures from the cohort also show that over 40% of siblings in such placements are separated from all of their siblings. Importantly, children were in short term placements in only 7% of all of the cases designated as care orders whilst this was true of 31% of cases designated as accommodation. Moreover, 30% of children whose cases were designated as Interim Care Orders were in short term placements, whilst predictably perhaps, nearly 50% of these cases were designated as Assessment.

A key indicator in relation to sibling placements, relates to the degree to which the children themselves are satisfied with their placement. Importantly, as Table 4.6 shows a significant proportion of children, (43%) who were separated from all of their siblings in this cohort, were not satisfied in their placement.

Table 4.6

<u>Siblings Placements (across) versus Satisfied Children (down)</u>						
<u>British Cohort</u>						
	All	Some	None	n/r	Total	%
Yes	40	15	22	4	68	
No	4	18	32	0	70	
n/r	15	10	20	0	45	
Col total	59	43	74	4		
Col %	32.8	23.9	41.1	2.2		
Total						
180						

A vital incongruence, in terms of practice, is uncovered when the results in Table 4.6 are compared with social worker’s views of sibling placements in Table 4.7. In stark contrast, social workers in this cohort expressed satisfaction in (78%) of placements where siblings were all placed separately. Dissatisfaction was expressed in only 5 cases, and in 11 cases the views of social workers were unrecorded. Critically, dissatisfaction of social workers with the placement was expressed in only 10% of cases. Dissatisfaction expressed by social workers with separation of siblings was relevant in only 44% of cases in this cohort. It is interesting to note however that children expressed dissatisfaction in over 50% of cases and this was recorded by social workers. Significantly, as has been stated the majority of cases (71%) where the children expressed dissatisfaction involved children who were placed apart from some or all of their siblings. The incongruence, between the feelings and expectations of social workers and looked after children, emerges here as an issue in terms of, the extent of pro-active commitment to sibling continuity, the quality of communication between looked after

children and social workers and the influence looked after children have in decision- making within sibling continuity planning.

Importantly, issues which are raised in this chapter, reflect differing priorities. The maintenance of placements within the context of limited placement availability for example arises as a key priority among social workers. This priority holds significant implications for sibling continuity, in that tension in sibling relationships can be disruptive to placements.

Table 4.7

<u>Sibling's Placements (across) versus Satisfied S.W. (down)</u>						
British Cohort						
	All	Some	None	n/r	Total	%
<u>Yes</u>	45	38	58	4	145	80.6
<u>No</u>	10	3	5	0	18	10.0
<u>n/r</u>	4	2	11	0	17	9.4
<u>Col total</u>	59	43	74	4		
<u>Col %</u>	32.8	23.9	41.1	2.2		
<u>Total 180</u>						

4.6 Gender and Sibling Placement

As the table below indicates, there are significant differences in placement patterns in the cohort when gender is considered. Recent research (Kosonen, 1996) reinforces these findings. Reasons for such differences, may relate to social workers' perceptions of the needs of children and young people of different genders. Alternately it may be that individual needs, for example in relation to behavioural problems, may be related to gender differences. Importantly however such perceptions and patterns of need should not preclude the possibility of sibling continuity planning. The availability of a wider spectrum of placements may be of particular relevance here.

Table 4.8

<u>Gender (across) versus Sibling Placement (down)</u>					
British Cohort					
	Female	Male	n/r	Total	%
All	33	25	1	59	32.8
Some	24	18	1	43	23.9
None	27	47	0	74	41.1
n/r	1	3	0	4	2.2
Col total	85	93	2		
Col %	47.2	51.7	1.1		
Total =180					

4.7. Class and Sibling Placement

Class and Income differentials play a momentous role in the release of children from family status to looked after children status, 95% of the children in this cohort had parents who were either on income support or state benefits. This is consistent with other studies, which have shown that the majority of looked after children are from families on very low incomes (Pinderhughes, 1991, Williams, 1991, Ryburn, 1994).

Table 4.9

<u>Finance (across) versus Sibling Placement (down)</u>						
British Cohort						
	State Benefits	Income Support	Low Waged	n/r	Total	%
All	26	28	0	5	59	32.8
Some	11	31	0	1	43	23.9
None	43	26	2	3	74	41.1
n/r	3	1	0	0	4	2.2
Col Total	83	86	2	9		
Col %	46.1	47.8	1.1	5.0		
Total =						
180						

4.8 Age, Sibling Placement and Contact

4.8.1 0 to 7 Age Group

(i) Sibling Placement and Contact

As Table 4.10 shows, of the cases recorded, 47.2% of children in this age range were separated from some or all of their siblings, this represents 50% of the cases recorded in this group. Whilst 50% of children were placed with all of their siblings it is important to question why so many children are separated from their siblings at such a young age when attachment is vital to well being (Dunn op. cit. and Bee op.cit.). As social workers have a pivotal role in ensuring contact occurs between such young siblings any issues relating to degrees of contact become crucial to the well being of looked after children.

Table 4.10

Sibling's Placement (across) versus Contact Sibbs in care (down)						
Selected if age is between 0 and 7						
British Cohort						
	All	Some	None	n.r	Total	%
N.A.	25	0	0	0	25	47.0
Weekly	0	3	4	0	7	13.2
Monthly	0	2	1	0	3	5.7
Quarterly	0	4	1	0	5	9.4
No		5	5	0	10	18.8
Contact						
Not	0	0	0	3	3	5.7
Known						
Col total	25	14	11	3		
Col %	47.2	26.4	20.8	5.7		
Total=53						

Nearly 20% of the children in this group, who are placed separately from some or all of their siblings, have no contact with their siblings and a further 10% have only quarterly contact. There may be a number of reasons for this, including distance, the intensity of individual special needs, and tensions within sibling relationships. Clearly, there may be pro-active attempts to redress this last factor through sibling therapy and supervised contact. This pro-active approach to continuity in terms of sibling contact is dependent largely upon the degree to which the sibling relationship is seen as integral to continuity planning in general. As has been discussed it may be suggested that this may be contingent upon approaches which espouse different conceptualisations of placement continuity i.e. permanency planning or more open ended short-term approaches and upon current plan.

In exploring continuity of sibling placement within this group, a useful starting point may be to look at purpose of placement in relation to sibling placement. As the table below indicates,

for the majority of siblings in this age range (35.8%) the purpose of placement was Assessment. 58% of the children with this purpose of placement were placed with all of their siblings. Similarly of the 20.8% of this age group who were in placements where the purpose of placement was short term, 73% were placed with all of their siblings, 18% with some of their siblings and only 1 child was placed with none of their siblings. In contrast, of those cases placed with potential adopters, only 1 was placed with all of their siblings with 5 placed with some of their siblings. Similarly, in the long term cases 43% of the children in this group were placed apart from all of their siblings. These patterns reflect patterns found in the analysis of data involving the whole cohort; again, reason for entry may also have an impact on sibling placement.

Table 4.11

Sibling's Placements (across) versus Purpose of Placement (down)						
Selected if age is between 0 and 7						
British Cohort						
	All	Some	None	N/r	Total	%
Assess- ment	11	3	5	0	19	35.8
Respite	0	0	1	0	1	1.9
Pre- Adopt	2	2	2	2	8	15.1
Adopters	1	5	0	0	6	11.3
Long Term	3	1	3	0	7	13.2
Short Term	8	2	0	1	11	20.8
No Alt.	0	1	0	0	1	1.9
Col total	25	14	11	3		
Col %	47.2	26.4	20.8	5.7		
Total =53						

As has been discussed in this chapter, timing level and mode of intervention may have an impact on sibling placement and contact. The main consideration for this age group is that the majority of children entering care entered on child protection issues (69.8%). and that the majority of recorded placements in this group, 53%, involved siblings placed apart from some or all of their siblings.. Only 20.8% of children within the age range of 0 - 7 were being accommodated in the British cohort. This may raise practice issues in relation to the balance between prevention and protection strategies adopted here. In addition variations in practice interventions, timing and inclusivity may impact on sibling placement and contact for this age group.

Table 4.12

<u>Reason for Entry (across) versus Sibling Placements (down)</u>								
Selected if age is between 0 and 7								
British Cohort								
	Child Protect	Unwill- ing	Aband- oned	Unable	Mental Ill	n/r	Total	%
All	16	0	3	3	2	1	25	47.2
Some	9	1	0	1	3	0	14	26.4
None	9	1	0	1	0	0	11	20.8
n/r	3	0	0	0	0	0	3	5.7
Col total	37	2	3	5	5	1		
Col %	69.8	3.8	5.7	9.4	1.9			
Total=								
53								

Table 4.13

<u>Legal Status</u>		
Selected if age is between 0 and 7		
British Cohort		
Accommodated	11	20.8%
Interim Care Order	19	35.8%
Care Order	18	34.0%
Other	2	3.8%
not recorded	3	5.7%
Total = 53		

As has been explored within the context of this cohort as a whole, the current plan may also have an impact on sibling placement. As the Table 4.14 below shows, a significant proportion of children in this age group have a current plan which is focused on adoption as part of a concept of continuity based upon permanency planning.

Table 4.14

<u>Current Plan</u>		
Selected if age is between 0 and 7		
British Cohort		
Not Known	6	11.3%
Home 6 Weeks	3	5.7%
Home 6 Months	6	11.3%
Home Long Term	1	1.9%
Go Relatives	2	3.8%
Independence	1	1.9%
Assessment	7	13.2%
Remain Placed	7	13.2%
Adoption	18	34.0%
Unclear	2	3.8%
Total = 53		

A final consideration is placement type and sibling placement. Here, predictably the vast majority of 0 - 7 year olds in this cohort are in foster placements. The underlying ethos of practice in relation to young children is that the family situation is by far the most beneficial placement for younger children (Aldgate 1976, Fashnel et al. 1990). Ironically, 47% of recorded cases of foster placement in this age group involve children who are placed apart from some or all of their siblings. Clearly this raises issues in relation to continuity of practice within sibling placement for younger children. An obvious issue, which emerges here relates to the availability of foster placements which are able to cope with sibling groups both spatially and in terms of resources, financial, emotional and professional. An important corollary to these basic resource issues, lies in the ability of existing foster carers to cope with children who may be experiencing troubled sibling relationships or intensive individual emotional or psychological needs. Arguably, when intervention is of a crises nature whether as a result of individual pathology within families, or as a result of preventable structural pressures, the impact on children as individuals, and upon sibling relationships, may intensify the need for more pro-active forms of intervention. It may also be suggested that this is crucial in terms of maintaining continuity of sibling relationships, through tailored and planned placement patterns and carefully planned contact, which may or may not involve sibling therapy. These issues have important implications for practice in relation to the encouragement of a broader and more specialised range of placements for younger children with pressing resource implications

Table 4.15

<u>Sibling Placements (across) versus Placement (down)</u>						
Selected if age is between 0 and 7						
British Cohort						
	All	Some	None	n/r	Total	%
Relatives	1	2	2	0	5	9.4
Foster	22	7	9	3	41	77.4
Adopters	1	5	0	0	6	11.3
Other	1	0	0	0	1	1.9
Col total	25	14	11	3		
Col %	47.2	26.4	20.8	5.7		
Total=53						

4.8.2 The 7 to 12 Age Group

(i) Sibling Placement and Contact

As Table 4.16 shows a significant proportion (64.6%) of this age group are separated from some or all of their siblings, with only 33.3% of recorded cases in this group placed with all of their siblings. 26% of the children who were separated from some or all of their siblings had no contact with each other whatsoever. In contrast to the 0 - 7 age group, the children in this age range have a greater capacity to articulate their wish to be in contact, or to be placed with their looked after siblings. Issues relating to inclusivity in care planning as well as placement availability are raised here.

Table 4.17

<u>Sibling Placement(across) versus Sibling Contact (down)</u>						
Selected if age is between 7 - 12 years						
British Cohort						
	All	Some	None	n/r	Total	%
N.A.	16	2	0	0	12	33.6
Weekly	0	3	6	0	9	18.8
Monthly	0	2	4	0	6	12.5
Quarterly	0	3	3	0	6	12.5
No Contact	0	4	4	0	8	16.8
Not Known	0	0	0	1	1	2.1
Col total	16	14	17	1		
Col %	33.3	29.2	35.4	2.1		
Total=48						

(ii) Continuity and Permanency Planning

A significant feature of this age group mirrors that of other age groups, in that those children who are placed with adopters are usually separated from some or all of their sibling. In this age group 75% of children placed with adopters and 67% of the children placed in a pre-adopt placement were separated from some or all of their siblings. An important proviso here, in relation to sibling placement patterns, and purpose of placement, is that whilst 60% of siblings in long term placements were placed apart from some or all of their siblings, 70% of short term placements in this age group were comprised of children who were placed apart from some or all of their siblings. The complexity of individual case histories and presenting problems, sometimes means that only general patterns of sibling placements can be described.

However, when patterns of sibling placements involving different variables are described, it is possible to differentiate and define patterns in relation to various age groups. For example a crucial impact variable on sibling placement is reason for entry.

Table 4.18

<u>Sibling Placement versus Purpose of Placement</u>						
Selected if age is between 7 - 12 years						
British Cohort						
	All	Some	None	n/r	Total	%
Assess- ment	5	4	3	0	12	25.0
Pre- Adopt	2	0	4	0	6	12.5
Adopters	2	5	1	0	8	16.7
Long- Term	4	1	5	0	10	20.8
Short- Term	3	3	4	0	10	20.8
No. Alt	0	1	0	0	1	2.1
Other	0	0	0	1	1	2.1
Col total	16	14	17	1		
Col %	33.3	29.2	35.4	2.1		
Total =48						

(iii) **Reason for Entry and Sibling Placement (7-12)**

The high proportion of cases involving child protection as reason for entry, raises issues in relation to the high proportion of children in this age group who were separated from some or all of their siblings. 61% of all cases designated as child protection on entry, involved children who were separated from some or all of their siblings. What may be of interest here is the length of time separated sibling groups have been in care. Clearly a pro-active

approach to sibling continuity planning facilitated by the availability of specialised placements may have led to placement of a significant group of these siblings together.

Table 4.19

Sibling's Placement (across) versus Reason for Entry (down)						
Selected if age is between 7 - 12 years						
British Cohort						
	All	Some	None	n/r	Total	%
Child	13	9	11	0	33	68.8
Protect.						
Unwill-	0	1	3	0	4	8.3
ing						
Aban-	1	0	0	0	1	2.1
doned						
Unable	2	2	1	0	5	10.4
Mental	0	2	2	0	4	8.3
Ill						
Behav-	0	0	0	1	1	2.1
iour						
Col total	16	14	17	1		
Col %	33.3	29.2	35.4	2.1		
Total=48						

As the table below shows, for a high number of children in this age group (62.5%) entry into care involved the use of legal instruments. Issues relating to inclusivity in decision-making processes within sibling continuity planning emerge here and will be addressed more fully in Chapter Six. Importantly, as Table 4.21 shows, another key feature of this age group is the high number of children (65%) with a current plan which involves permanency planning(50%) or remaining placed. The relationship between definitions of sibling continuity planning and permanency planning will also be addressed more fully in Chapter Six.

Table 4.20

<u>Sibling's Placement(across) versus Legal Status(down)</u>						
Selected if age is between 7 - 12 years						
British Cohort						
	All	Some	None	n/r	Total	%
Accom.	4	4	3	1	12	25.0
E.P.O.	0	1	0	0	1	2.1
I.C.O.	1	2	2	0	5	10.4
C.O.	11	6	7	0	24	50.0
Ward	0	0	2	0	2	4.2
Freed	0	0	3	0	3	6.3
Other	0	1	0	0	1	2.1
Col total	16	14	17	1		
Col %	33.3	29.2	35.4	2.1		
Total=48						

Table 4.21

<u>Current Plan</u>		
Selected if age is between 7 - 12 years		
British Cohort		
Home 6 Weeks	3	6.3%
Home 6 Months	4	8.3%
Home Long Term	2	4.2%
Assessment	4	8.3%
Remain Placed	7	14.6%
Go to Long Term Foster	4	8.3%
Adoption	18	37.5%
Unclear	2	4.2%
Other	3	6.3%
Missing	1	2.1%
Total = 48		

The majority of children in this age range are placed in foster provision (72.9%). Of this group, 63% are separated from some or all of their siblings. For those children placed with adopters, the majority (88%) are separated from some or all of their siblings. Only one child in this age group is placed in residential provision. The narrow scope of provision is clearly demonstrated here. Limited availability of placements may relate to the separation of siblings in this age group.

Table 4.22

<u>Sibling's Placements (across) versus Placement (down)</u>						
Selected if age is between 7 - 12 years						
British Cohort						
	All	Some	None	n/r	Total	%
Relatives	2	0	2	0	4	8.3
Foster	13	9	13	0	35	72.9
Adopters	1	5	2	0	8	16.7
Com.	0	0	0	1	1	2.1
Home						
Col total	16	14	17	1		
Col%	33.3	29.2	35.4	2.1		
Total=48						

4.8.3 The 12 to 17 Age Group
(i) Sibling Placement and Contact

Table 4.23

<u>Sibling's Placements (across) versus Contact Sib's in Care (down)</u>					
Selected if age is between 12 and 17					
British Cohort					
	All	Some	None	Total	%
N.A.	20	3	1	24	31.2
Weekly	0	2	14	16	20.3
Monthly	0	4	17	21	26.6
Quarterly	0	0	6	6	7.6
Yearly	0	1	0	1	1.3
No Contact	0	2	9	11	14.3
Not Known	0	0	0	0	0
Col total	20	12			
Col %					
Total=79					

Contact for this older age group is more frequent as would be expected. It is interesting to note however that only 9% of young people in this age group are preparing for independence and the majority of placements are long term (63%) (Table 4.24). A high number of cases in this age group (73%) initially involved Care Orders (Table 4.27). Moreover a relatively high number of cases in this age range involved protection issues (Table 4.26) This may reflect the fact that when these children entered care, care orders were used more frequently and permanency planning dominated intervention(Stone,1995, Mann 1994, Gardner 1992).

Table 4.24

Sibling Placement and Purpose of Placement					
Selected if age is between 12 and 17					
British Cohort					
	All	Some	None	Total	%
Assess- ment	0	1	2	3	3.8
Respite	0	0	2	2	2.5
Sp. Ed.	0	0	2	2	2.5
Pre-Adopt	0	0	1	1	1.3
Adopters	2	0	0	2	2.5
Indep.	0	0	2	2	2.5
Prep.	0	0	5	5	6.3
Indep.					
Long Term	18	10	22	50	63.3
Short	0	1	7	8	10.1
Term					
No Alt.	0	0	4	4	5.1
Col total	20	12	47		
Col %	25.3	15.2	59.5		
Total=79					

Table 4.25

<u>Current Plan</u> Selected if age is between 12 and 17 British Cohort		
Not Recorded	1	1.3%
Home Long Term	2	2.5%
Independence	9	11.4%
Assessment	6	7.6%
Remain Placed	41	51.9%
Go to Long Term Fost.	9	11.4%
Adoption	7	8.9%
Unclear	1	1.3%
Other	3	3.8%
Total = 79		

As the Table 4.26(below), shows, only 3.8 % of cases show reason for entry as offending or behaviour. All of the Children within this category were separated from all of their siblings. As Table 4.25(above), shows, whilst 11.4% have a current plan involving independence, only 2.5% have a plan which specifies the child’s return home in the long term. This may be important in terms of the extent to which sibling relationships are perceived as being important within placement planning in cases where rehabilitation is identified in the long or short term, in comparison to the 51.9% of cases where children were to remain placed. Within this age range 8.9% of cases were awaiting adoption and in 11.4% of cases, long term fostering was the preferred plan. In the light of the high percentage of care-orders upon entry (Table 4.27) within this age group, issues relating to inclusivity in decision-making and contact, particularly in adoption and pre-adoption are perhaps most pertinent in such cases. Differences in sibling continuity planning in relation to current planning will be explored in more depth in Chapters Six and Seven.

Table 4.26

<u>Sibling's Placement (across) versus Reason for Placement</u>					
Selected if age is between 12 and 17 British Cohort					
	All	Some	None	Total	%
Child	19	8	14	41	51.9
Protection					
Unwilling	0	0	10	10	12.7
Abandoned	1	2	0	3	3.8
Unable	0	1	16	17	21.5
Mental ill	0	1	2	3	3.8
Offending	0	0	1	1	1.3
Behaviour	0	0	2	2	2.5
Missing	0	0	2	2	2.5
Col total	20	12	47		
Col %	25.3	15.2	59.5		
Total = 79					

Table 4.27

<u>Sibling's Placement (across) versus Legal Status (down)</u>					
Selected if age is between 12 and 17 British Cohort					
	All	Some	None	Total	%
Accom.	1	0	11	12	15.2
I.C.O.	0	2	4	6	7.6
C.O.	19	10	30	59	74.7
Freed	0	0	2	2	2.5
Col total	20	12	47		
Col %	25.3	15.2	59.5		
Total = 79					

4.9 Conclusion: Placement Planning and Sibling Continuity

The Children Act stresses the general importance of continuity in family relationships and includes siblings within this. However, the analysis of survey data in this chapter demonstrates that the possibility of continuity can vary enormously between different types of placement.

As Stone (1995) argues, greater use of short-term and respite placements could be beneficial to siblings. As Table 4.3 has revealed, a third of the children in the British cohort were in short term placements. Importantly, siblings were more likely to be placed together when the current plan involved a return home within the short or long-term. Thus, in 75% of cases, children remained with all of their siblings when the current plan was to return them home within 6 months.

In stark contrast, in approximately 50 per cent of cases where the current plan was to remain placed, children were separated from their entire sibling group. Disturbingly, for example, children were separated from all of their siblings in 11 out of 13 cases where the current plan was for long-term foster care. Similarly, 66 per cent of children with a current plan involving adoption were separated from some or all of their siblings. There may, of course, be a range of individual or combined reasons for separation but the issues raised by this finding are brought into particularly sharp focus by the finality of adoption. If a view of continuity is held which relates attachment in stable relationships to the development of a concept of self and the promotion of well-being, and if relationships are seen as being based on a continuous stream of shared experiences, then pre-adoption planning becomes an area of strategic importance in social work practice. The potential for more sibling group, placements, the importance of contact, and the use of therapy or other intervention where needed to improve sibling relationships may be seen as related matters needing urgent attention.

It is worth asking whether the degree of inclusivity (Hestbaek, 1998) achieved reflects differences in current legal status (Pruzan, 1997; Hestbaek, 1998). As Table 4.13 demonstrates, however, patterns of sibling placement in this study did not seem to vary much according to legal status. Approximately 30 per cent of all accommodated children in the survey were separated from all of their siblings, while another 30 per cent or so of all cases designated as care orders involved children so separated. In this cohort at least, it would appear that purpose of placement, current plan and type of placement, particularly in relation to whether the placement was perceived as short-term or long-term, had more bearing on sibling placement than legal status.

Where separation does occur, then continuity may be preserved by maintaining contact between siblings. Here, legal status does seem to have an effect. In this cohort, while there was not contact at all between siblings in 10 per cent of the cases designated as care orders and only 35 per cent of this group were in contact on at least a monthly basis, all of those designated as accommodated had contact at least four times a year, with the majority (65 per cent in contact at least monthly).

Clearly, though continuity as a principle of practice can be seen to relate to conceptualisations of permanency, and particularly to the finality of adoption without contact. The patterns revealed in this chapter raise important issues in this regard. Furthermore, the concept of inclusivity in care planning is connected with notions of partnership. This concept is problematic because it operates at different levels and may be interpreted in different ways.

Chapter Five

A Comparative Evaluation of the British and Danish Surveys

5.0 Introduction

As was stated at the outset, the main concern of the previous two chapters was to focus upon the way in which empirical survey findings reflect policy prescriptions inherent in childcare law in Denmark and Britain. A comparative evaluation of patterns within the two cohorts reveals four major areas of critical concern.

5.1 The Definition of Continuity and its Relationship to Practice.

In Britain and Denmark patterns within the data indicated that practice in relation to continuity of sibling relationships is related to how continuity of placement was defined within the two contexts. Exemplifying this, despite the encouragement of flexible and short term placement patterns within the Children Act (1989) in Britain, the data revealed a continued and significant reliance on permanency planning, particularly among younger looked after children. The impact of this reliance in terms of sibling continuity placement and contact was, on interpretation of patterns within the data, a negative one. Patterns relating to purpose of placement and current planning involving, adoption, pre-adoption long-term placement and remaining placed, can be identified within the data as not beneficial to sibling continuity. Importantly, when short-term and respite placements were utilised as part of more rehabilitative planning in the British cohort, siblings were more likely to remain together, and sibling continuity benefited from this. This reflected previous findings (Stone, 1995). In contrast the emphasis in child care law in Denmark centrally and implicitly involves notions of the integrity of the family, and an approach which emphasises rehabilitation and early

intervention. This approach is founded upon the importance of maintaining coherence in natural ties. Continuity planning in Denmark is thus reliant upon a pro-active and inclusive approach. Sibling continuity is perceived as being integral to this approach. Importantly the data within the cohort shows that where sibling's individual needs or sibling relationship dynamics are such that it may be beneficial to separate siblings, there is evidence that specialised placements are used as a short term or as bridging placements with an aim to eventually bring siblings together. These patterns are important and issues raised by these differences will be investigated in more depth in Chapter Six. Hence, a qualitative focus in relation to case studies will be adopted.

5.2 Definitions of Inclusivity and Partnership

The emphasis on inclusivity is evident in Child Care legislation in Denmark and Britain. Importantly however there is a differential impact on practice, revealing itself most explicitly in relation to the extent to which legal mechanisms are used in each country. Thus, on a national level as has been previously cited, 3% of children in Denmark enter care as a result of compulsory legal orders, in Britain this figure is 38%. The data within these cohorts indicates similar differences. The significance of this in terms of sibling placement and contact was contextualised within a framework, which focused upon the impact of timing level and mode of intervention in relation to children within each cohort. Within the British cohort, patterns within the data revealed that reason for entry had more impact than legal designation on sibling placement.

Critically, where children entered care as a result of child protection issues, the data indicated that it was more likely that siblings would be separated. This has obvious bearing on the relevance of preventative strategies as will be discussed later in this conclusion. Significantly, the data did indicate that the designation of legal orders on entry does appear to have an impact upon sibling contact. Importantly however, it is recognised that issues relating to reason for entry and legal mode may interact here.

What is of interest here is the degree to which designation of legal mechanisms impacts

upon decision-making processes in relation to planning for sibling continuity. As patterns within the Danish cohort reveal, where legal mechanisms were used, there was evidence of increased dissatisfaction among parents, looked after children and their looked after siblings. These questions will be examined in greater depth in Chapter Six.

5.3 Social Work Practice and a Pro-active Commitment to the Maintenance and Continuity of Sibling Relationships.

There are clear contrasts between the level of priority in relation to the placement of siblings together shown by practitioners in Britain and Denmark. The data indicates that level of priority given to sibling placement by social workers and kurators in Denmark is higher than in the British cohort. Further, levels of contact between siblings in the Danish cohort are significantly more frequent than in the British cohort. Importantly this is particularly the case when the age group of 0-7 is compared. It may be argued that social workers have a particularly instrumental role in ensuring contact between siblings is maintained when children are younger. Importantly the data and the examination of case files in the Danish cohort revealed that there were very clear written plans established and agreed with parents and children in relation to contact. These plans were particularly important where children had intense individual needs or special needs. Such plans were often contingent upon on going sibling therapy.

Individual case studies will be used in Chapter Six to investigate this practice further in relation to practice in Britain.

5.4 The Availability of Specialised Placements Able to Take Sibling Groups

An important aspect of sibling continuity planning in the Danish Cohort was that it was reliant upon the availability of specialised placements. Hence, where individual needs were identified as being more important than the sibling relationship in the immediate term or where the sibling relationship was problematic, specialised placements were used as bridging placements. A major issue here which was revealed by the data in the Danish cohort, was the fact that in a significant number of cases, professional foster carers and other specialised residential, ship or boarding school placements were situated in remote localities. Hence distance became a problem in terms of sibling continuity. Whilst case files revealed that considerable resources were often used to ensure frequency of contact between siblings, it may be argued that there is an incongruity between the espousal of an ecological approach, implicit in Danish child care law, and the location of placements away from familial, cultural and ethnic networks. Hence there are issues in relation to the use of specialised placements, which relate particularly to their locality. Recent studies in Denmark, (Kaersten Stair, *ibid.*), have also revealed issues relating to the use of professional foster carers, which pivot upon incongruity with an ecological approach. In his study of the experiences of 30 young people who had been in long term foster care with professional foster carers differences in cultural, and ethnic environments were found to be alienating even where siblings had been placed together. These issues aside, the data in this cohort clearly reveals the value of the adequate availability and specialised range of placements in relation to sibling placement and continuity. The data reveals that this is particularly the case for younger children and children who have entered care with special needs or as a result of protection issues. Given the suggested relationship between special needs or the needs of children, who enter care as a result of critical intervention prompted by protection issues, and the value of a range of specialist placements, the lack of range of placements suggested by the British data, and the predominance, particularly in the older age ranges, of children who

have entered care as a result of critical or late intervention, prompted by protection issues, does have significant impact on the ability of British social workers to plan placement courses in order to fulfil sibling continuity. Investigation of case files within the British cohort shows that some of the reasons given for separating siblings centred upon the maintenance of placements. This prioritisation is due to the lack of suitable foster placements and a concern to maintain existing provision. An inter-related issue here involves principles governing the overall direction of child care law and policy in Britain.

5.5 Conclusion: The Impact of Overarching Legal and Policy Frameworks

As has been outlined in Chapter Two, in Denmark the emphasis is firmly placed on preventative policies characterised by the recognition that structural inequalities may have some impact upon emerging problems within families as integral units. This approach lowers the level at which intervention occurs and offers an inter-sectoral approach involving financial transfers and the involvement of the health, housing and education sectors. This approach is evident in the data in this cohort in the designation as looked after children of new born babies with foetal alcohol syndrome. Whilst in Britain, the Children Act espouses many of the ideals of the UN Convention on the Rights of the Child, the focus in the act in allocating resources only to those children identified as being 'in need' means that effectively, this definition is used as a 'gate keeping' exercise (Colton, *ibid.*). Thus, whilst article 18 of the UN Convention on The Rights of The Child recognises that parents have primary responsibility for the care of their children, thus implicitly recognising parental responsibility, it also declares that governments' must provide help and support to all parents in their child rearing duties. Whilst this is congruous with child care policy in Denmark (Christofferson, 1994, Pruzan, 1997), in British child care law (The Children Act 1989) parental responsibility is of primary importance. Clearly as has been shown in the analysis of the data in Chapters Three and Four these differences in legal and policy principles have significance in terms

of practice in relation to sibling placement, contact and continuity planning. The implications of the way in which The Children Act interprets the UN Convention on the Rights of the Child has led to the observation from a designated UN Committee that;

"With respect to article 4 of the Convention, the Committee is concerned about the adequacy of measures taken to ensure the implementation of economic, social, and cultural rights to the maximum extent of available resources. It appears to the Committee that insufficient expenditure is allocated to the social sector both within the State Party(Britain) and within the context of international development aid; the Committee wonders whether sufficient consideration has been given to the enjoyment of fundamental rights by children belonging to the most vulnerable groups in British society." (Committee on the Rights of the Child - From the report on the eighth session (CRC/C/38), Geneva, 9 -27 January 1995)

Thus, overarching legal and policy frameworks may have significant impact on practice in relation to sibling continuity planning. The universalistic definition of need as related to structural inequalities in Denmark has direct policy implication in terms of a largely preventative inter-sectoral approach. Further, as the data in Chapter Four has shown, the emphasis on inclusivity and dual socialisation has had a clear impact on decision-making processes. Importantly, a valid investigation into these issues requires an eclectic approach and individual case studies, interviews and narratives will be used to search out meanings, perceptions, feelings and decision-making processes which emerge from practice in relation to sibling placement, contact and continuity planning.

The importance of these areas cannot be underestimated as Kahan (1979)points out;

"There was too little continuity too much fragmentation, they had a sense of a damaged identity, feelings of helplessness and isolation in the face of events and people taking charge of them, they felt they had lost their childhood before they had lived through it" (Kahan, 1979, p184).

Chapter Six

The British Experience: Case Studies

6.0 Introduction

Reflections on patterns of placement and contact, which emerge from the comparative survey data, can only serve to provide a representative picture of policy, practice and resource provision within these two cohorts. A fuller account of the experience of looked after siblings within Denmark and Britain will be revealed by drawing on case studies. Care planning and decision-making processes will form the central part of this exploration. Cross-national comparatives are clearly underwritten by cultural differences, which may be established and deep rooted. The comparative survey data obviates a contrasting approach to the family in policy and practice interventions. In Denmark, the family has a reality, which is much stronger than in Britain, the child is part of the family; any intervention must reflect this and must be targeted at the family as a whole. The use of child care law in Denmark reflects this. Here, only the rights of the child outweigh parental rights within an inclusive model of care planning. Clearly, the younger the child, the more critical the balance between professional assessment and parental rights in ensuring the best interest of the child within the family. In Britain, the best interest of the child, as the paramount principle of child care law, is welcomed. The process through which this is assessed is more contentious. The forum of the courts and the engagement of parents and social workers in an adversarial approach may not facilitate a child centred or ecological approach in subsequent care planning (Hetherington, 1994, Biehal 1996). Decision-making relating to care planning for looked after siblings in Britain and Denmark owes much to such differences in approaches, often defining the course of care careers as procedural and 'fragmentary' or as part of a process.

The outcomes of such differences in continuity planning in general practice for looked after children are important. However, the focus of this investigation is to explore the experience of looked after sibling groups within a cross national comparative. The concept of sibling continuity planning has been developed to define this focus. The case studies and accounts, which follow, are of value at practitioner and policy level.

6.1 Methodology

The experiences, perceptions and expectations of children as looked after siblings, their parents, relatives, carers, and social workers will be sought in the case studies that follow. These personal meanings will be contextualised within key areas, which delineate contrasting policy, resourcing, legal and practice interventions in Denmark and Britain. Located within these foci are more specific practice issues concerning areas such as placement course, quality of contact and decision making processes. Each case study will be discussed and placed into context in relation to wider legal policy and resource issues. The matrix developed in Chapter Two, and the comparative survey analysis developed at the end of Chapter Four will be used to define a sampling frame and theoretical template for the analysis of accounts.

Ethical considerations and sensitivity to the well being of those people involved in the case studies, which follow, meant that interviews with everyone involved in the case were not always possible. In some cases, the social worker responsible voiced ethical considerations and used their professional judgement in sanctioning or disallowing interviews. Children's interviews were always conducted following parental consent.

In the interviews, which follow, ethical concerns centred upon the researcher's sensitivity to the well being of the interviewee. Barriers created by professional mistrust, or personal barriers locked up in the life histories of interviewees willing to participate in this study, led to the development of a methodology designed to overcome such limitations within a safe

interview environment (see Appendix 1). In outline this methodology involved the initial use of narrative to define sensitive areas which were emotionally painful or difficult for the interviewee to relate. Such areas were avoided in the second part of the interview, which involved a semi-structured interview (Appendix 2). A quest for standardisation in content analysis led to the design of the second part of the interview. In outline, the semi-structured interview involved prompts designed to enable the interviewee to relate perceptions, expectations and feelings in relation to, placement and contact issues within care planning for sibling groups.

Six case studies are considered in great depth. At least one case was taken from each agency involved with the local authority area and the sampling frame used was designed to gain representation from types of cases which highlighted key contrasts arising between Denmark and Britain in timing, mode, and purpose of intervention for sibling groups. Age and gender variables were also taken into account within the sampling frame (see methodology (Ch.1)).

The first case study was explored in great depth and is given added dimension by the involvement of the carers, children, mother and social worker.

6.2 The British Case Studies

“All happy families resemble one another, each unhappy family is unhappy in its own way”
Tolsty L. N. (1878), *Anna Karenina*, 1878.

“Shaun; Shaun’s seen his older brother die in a cot death. He seen the police take the baby away, and I mean oh God I mean fair enough he was only eighteen months old, but he was very clever he could talk at eighteen months and then of course Michael comes along and he’s the most lovely baby in town and Shaun’s left at his grandmas while I am in hospital well one bairn goes away and another one turns up and gets all the attention. Well I think it was just all a terrible shock to him it’s been hard for Shaun and of course me and his dad spitting up and that and its been too much for him . . . I mean I asked for help about two years before I lost my kids and as I say they just point blank refused me they said there was nothing they could do for him. Now I know

that there are special schools they can go to they must think I am daft but I know about those schools and I think that that would have helped a lot. Shaun could have gone to school during the week and come home at weekends. (Alice, whose two sons are in local authority care)”

Perceptions of need, and needs unmet, made more sacred by past grief or turmoil, defined by family histories shattered by events often triggered by tragedy offer some sense of rationale, a way of reclaiming the fragments of family relationships once damaged now scarred by separation. As I listen I am reminded that being sensitive to narratives, personal, emotive, sometimes questioning is the full extent of my role. In practice, for the social worker it is not enough to listen, the gulf between needs defined and needs met may be vast, dictated more by service availability than the will to meet ideal policy and practice. Whatever academic debate for this mother and for the children interviewed, there is always a sense of what might have been. Here the relationship between intervention and resourcing could not be more visible in the case studies, which follow. It is this visibility which renders decision-making a transparent and arbitrary process, a process which may even lead social workers to place looked after siblings in separated adoptive placements despite “knowing in their heart that this was not right.”

Case Study One: Sam and Mark

In exploring the history of this case, both from the point of view of the mother and social worker involved, I felt that it would enable me to understand why the case had been allocated as a long-term permanent placement. This, I felt was important, given that the degree to which rehabilitation was foreseen as possible, may have important implications in terms of the careers of these siblings in care. In addition the patterns which emerged in Chapter Four of this thesis seemed to suggest that there was far more likelihood of siblings being placed together, or having regular contact when short-term placements were used. I was concerned to initially explore the meanings definitions and feelings in relation to the origins of this case in order to understand more fully the resultant perceptions views and feelings which emerged

in relation to placement and contact during the seem-structured parts of each of the interviews carried out. Importantly, as is described in the Methodology Chapter, the division of each interview into a focused interview and a semi-structured interview also acted to ensure the well being to the interviewee wherever possible. What follow s are accounts of the case history from the mothers and social workers perspective.

Ethnographic Notes of Interviews

(i) Alice: (Mother).

“Linda’s home was in an area I was not familiar with. As I made my way through the estate to find her home one of the first things that disturbed me was how all sorts of things, pieces of rubbish and household debris seem to have just been left all around. Mattresses, old ovens, heaps of old wood seem to be strewn everywhere. It struck me as a dangerous place for children. Linda actually raised it with me. She said that she was ‘sick of the mess outside’ and that she had phoned the council about it but no one was interested she felt it was just left because no one was really bothered about the estate. She was tired of waiting for something to be done about it. Linda’s house was small. Going into the living room one of the first things I noticed was a large aquarium -Linda explained that it took a lot of looking after and that the temperature and everything had to be just right. Linda’s third son was asleep in a pushchair in the room. One of the first things Linda did was to apologise about the carpet not being swept. It seemed really important that I understood that she hadn’t had time today. Linda was quite tense at the beginning of the interview I felt that she just wanted me to be straight with her. When she felt she could trust me she seemed glad that someone was interested in what she had to say. During the interview Linda’s partner came home, however it didn’t seem to affect our rapport Linda just continued to talk and her partner just sat and listened occasionally nodding in agreement.”

(ii) Susan: Social Worker

Entering this social service agency, I was struck by the clinical efficiency of the reception given. Inside, I was led through a maze of small rooms. The social worker however was very relaxed and open throughout this interview. Case files were made available and the interview was private and without interruptions.

The Social Worker’s and Mother’s Accounts of the Case History

(i) Susan: (Social Worker)

“It all started in March 1993 when there was an incident when mum took an overdose, tried to jump out of the window with the youngest sibling in her arms was admitted to hospital discharged herself, took another overdose and was admitted to hospital again, so there were a lot of things going on at the time. So we had a case conference. At the case conference mothers then partner, who is still her partner, but it’s a very on and off

affair actually, said well you know, somebody had mentioned that Sam had a broken arm, but this was just the information from the health visitor, her partner said, well you know he sustained that when he was thrown down the stairs by his mum. She said that he'd fell. Well first of all she said that she had pushed him then she said he had grabbed him. But it didn't seem to be an accident anyway. At that stage we initiated care proceedings, and the children were initially accommodated for a short period of time and then we got an interim care order, so that's how it all started".

This account of the case history was of interest to me I wondered about the degree to which it painted an entire picture of the context of the case. A great deal of notice is taken of the partner's account and it occurred to me that the partners behaviour in not preventing or involving himself in all of this was never questioned. Going to Alice's account, her partner was certainly significant in her account of what went on in the family, as was her admission of responsibility.

Alice: (Mother)

"I feel awful I mean I know what I did was wrong. I was going through a bad time with the boyfriend that I had at the time I've paid my price."

Importantly however Susan stresses that Alice was not able to take responsibility.

Susan: (Social Worker).

"The case went on for about well nearly a year. We started in the May and they were placed in the March and then moved again in May and at that stage they were separated, because there were no foster placements available to take both of the boys because they presented some challenging behaviour. The final hearing was the following February – yea, February this year gone. During that time an assessment was undertaken with mum and basically she couldn't accept what we were worried about you know she didn't accept responsibility for what had happened with the boys and her role in their behaviour problems. For example Sam's father had a Schizophrenic breakdown in 1987 and then Sam presents behavioural problems and Alice firmly believes that he has some kind of psychiatric instability inherited from his dad. She can't see that inconsistent parenting has led to him having some behavioural problems."

Here, the first allusion to the role of resources in the care careers of these two siblings is made. Importantly, here also is the centrality of challenging behaviour in this case an aspect, which also acts as the axiom of Alice's account of the case history. In terms of care planning a great deal of emphasis seemed to be placed upon the mothers

responsibility for the sibling's behavioural problems. Alice's account of the origins of this case also rests upon her emphasis on the origins of Sam's behavioural problems

(ii) Alice: (Mother).

“I mean Sam's seen his older brother die, I had a cot death. He seen the police take the baby away and I mean oh my god. I mean fair enough he was only eighteen months old but he was very clever. he could talk at eighteen months old, and its just disturbed him I mean you couldn't explain it to him at eighteen months and then of course Mark comes along and he's the most lovely baby in town and Sam's left at his grandmas, while I am in hospital. Well one bairn goes away, and another one turns up and gets all the attention. Well I think it was just all a terrible shock to him its been hard for Sam and of course me and his dad splitting up and that and its been too much for him”.

It seemed strange to me that the social worker had not mentioned that the mother in this case had experienced a cot death. For the social worker involved in this case, it's designation as a long-term substitute placement and the defining emphasis of continuity on permanency rather than rehabilitation at this point was clear:

Susan: (Social Worker)

“So the outcome of the assessment was basically that we felt rehabilitation wasn't on the cards at the moment, because of mums inability to accept responsibility for any role in what had happened. So we had a final care order so that was that at that stage and contact was once a week at that time with their mother. It had initially been three times a week and then it was reduced gradually to let the boys settle. No, right to the final hearing it was three times a week. I am trying to think now - yea it was”

Resourcing problems are recalled at the very early stages in this case by the social worker

Susan: (Social Worker)

“ . . . And then at the final hearing, we actually put forward a package because we were going for long-term permanent substitute care. We actually put in the package to the courts that contact would be once every two weeks, to allow the boys to settle, but because we weren't moving them immediately, because we had placement problems we said that until such time as we were looking at a permanent placement, contact with the mother may carry on at once a week. That then carried on until this July when we found a bridging placement. We had waited a long time to get it set up”.

Pro-active planning to ensure continuity of sibling relationship was clearly constrained by lack of placements, and as the following text shows Sam's behavioural problems and the

tensions within the sibling relationship were to prove too much for the short-term foster carers:

Susan: (Social Worker)

... "So that was July, now the beginning of September that placement just broke down. Sam displayed severe management problems, handling problems and really regressed to the Sam that I knew before he came into care. Because when he'd been in his previous placement he had been very very settled, very mature really, coming on well. He regressed significantly. The foster carers were saying look we can't take them both we can't cope with it alongside Sam's behavioural problems. What we did was to reduce the contact to once a fortnight, which is what we told the court we would be doing. But we felt that it was now the appropriate time."

In terms of practice an issue may perhaps be raised here as to why contact the mother was reduced as a result of the foster carer saying she couldn't cope. In Sam's previous placement contact with the mother was once a week, and initially three times a week and this placement was seen by the social worker as being a positive one in which Sam was 'very very settled' and 'coming on well'. The view of the foster carer in this bridging placement will be looked at below. It would seem here that the social workers perception of continuity was primarily contingent upon the initial plan, envisaging a permanent substitute placement with fortnightly contact with the mother.

(1) Definitions of Continuity

(i) Sam

The children's mother in this case granted permission to interview her sons. The social worker gave permission, with the reservation that the foster parents be present at each interview. His foster carers who questioned his views constantly interrupted Sam.

Importantly, as an interviewer I was aware of the limitations of the interview, however I was also aware that when Sam made direct and very purposeful eye contact with me, and particularly when he repeated himself, he wanted to make his views and feelings known:

M.E: Do you see Mark as often as you'd like to

Sam: I miss our kid (Mark), I do, I know we used to fight, but I always made it up to him, I used to look after him at school and that, I did, I stopped other kids bullying him. Have you been to see him?

M.E: What's it like when Mark comes to visit you?

Sam: I only see our kid when mam comes. She sometimes takes us to the beach and the arcade. She buys us ice-cream and that when its nearly time to go she hugs us and tells us we'll be home soon and not to worry

M.E: Next time you go would you like to play on your computer

Sam: My mum helps me with my computer games. But sometimes my mam brings me up here and I play in the park

Mrs Ross: (scathingly): Sometimes your mam brings you up here, you are lying

Sam: No I am not, she brings me on the bike and we go to 'What Everyone Wants'.

Mrs Ross: (adamant) She doesn't

Sam: She takes us down in the Arcade for a bit. (strong eye contact; adamant)

Mrs Ross: I, She's done that once when she took you to the shop, didn't she

Sam: (head Bowed) Yes once and we went to the beach with Patch and she let me run along the beach. It was dead good Mark laughed when mam got her trousers wet in the sea and we went to the arcade and mam bought us sweets after that.

It seemed to me that although that may have only happened once, Sam had selected this episode because it mattered to him, almost in loyalty to his mother, almost as an ideal of what things could be like during contact. This, despite the clear disapproval of his foster carer.

Mrs Ross: (derogatory) Well that's a long long time ago

Sam: I see mam and Mark twice a month but with Mark going to the caravan, I sometimes only see him once a month. (Looking at Mrs Ross) Mark goes caravanning doesn't he?

Mrs Ross: I don't care what Mark does

Sam: Every weekend that he's not with our mam he goes caravanning.

Mrs Ross: I know but we are not talking about Mark we are talking about you.

This whole interaction speaks for itself in many ways. Issues here are raised in relation to pro-active commitment to sibling contact and to family contact in general. It may be suggested that these issues operate on two levels. The first being the perception of contact in terms of qualitative aspects which emerge from the foster carer's account, the second, the foster carer's perception of Sam's perception of contact situations, as being at best wishful thinking, and at worst as being of little importance or validity. This particularly comes through when she says 'you are lying' when Sam describes a visit, which was of great importance to him. Thirdly, the foster care clear attempts to construct the perception of contact that she wants Sam to convey, and to some extent believe. This, it may be suggested, raises issues in relation to what Collette Mcauley (1996) defines as the child's ability to compartmentalise those relationships that are important to them and the child's ability to identify those relationships. In particular, during the end of this extract Sam's concern to explain why he only sees his brother once a month to me is met abruptly with 'I don't care what Mark does'. The central issue here perhaps relates to the marginalisation and even exclusion of what matters most to Sam, thus the centrality of the child's perception of contact here is denied in principle. Thus when asked if he would like to see any changes to the contact situation;

M.E: Are there any changes you would like to make?

Sam: Yes more time

Mrs Ross: (interrupts, disapproving) why's that Sam you get all day Saturday every other week?

Sam: I just want to come back at night instead of the afternoon, that way I can play more computer games with Mark and she doesn't have to drop me off first. Last time I never even said tarra to him just to mam.

Mrs Ross: They usually take Mark back after you don't they?

Sam: Well it depends if I am good or bad.

Mrs Ross: He comes in every day and says he's been good. But I mean it's not normal for him to be good. You used to be worse (speaking to Sam), he used to be a devil. But it was Mark who got him into trouble last week wasn't it.

Sam: I, Mark took me up to where he lives cos he knows the way there, I am going to see mam and Mark tomorrow aren't I Pete? (anxious)

Pete: I don't know (disinterested) yes maybe its tomorrow.

This episode seemed important, as it seemed to define two very different perceptions of the quality of contact. For the foster carer, it seemed the poor quality of contact situations, as illustrated later on seemed to justify disapproval of Sam's request for longer periods of contact. Contact should be planned as part of the care process to maintain continuity in those relationships, which children view as important (McCauley 1996, Herbert 1991). Critical however, was the degree to which Sam's foster parents openly showed a disapproving and cynical view of his mother. This has important implications in terms of the way in which the foster carer defined continuity. Mark's view of continuity began with the recollection of his parting from Sam.

(ii) Mark

Mark: When Sam went away, they said he went to live by the sea. I dreamed he'd just gone to the seaside for the day and he'd brought some rock back for me. When's he coming back?

M.E: What do you think of Sam's visits?

Mark: I only see him when mam comes. We went to the seaside once and played games in the arcade, we got ice cream. We had a ball on the beach and mam fell in the sea.

It was very interesting to me that both siblings chose the same contact experience when referring to what they liked about contact. However, the two foster carers had very different perceptions and approaches to contact between Sam and Mark. Mark's foster carer was very positive about contact. Thus, referring to the visit described by Mark above:

Carol: yea and you brought a big dummy rock back and I pretended it was real when I put you to bed that night.

(iii) Sam and Mark's Mother

For Alice, the definition of continuity of placement for her two children centred upon rehabilitation. She had applied for a revocation of the care order. Alice's perspective of intervention is based upon her view that her family was not given help before the crisis point was reached. Thus in relation to Sam and Mark's relationship and the origins of Sam's behavioural problems;

Alice (Mother)

"Sam, Sam's seen his older brother die in a cot death. He seen the police take the baby away and I mean oh God I mean, fair enough he was only eighteen months old, but he was very clever he could talk at eighteen months, and then of course Mark comes along and he's the most lovely baby in town and Sam's left at his grandmas while I am in hospital. Well one bairn goes away, and another one turns up and gets all the attention. Well I think it was just all a terrible shock to him it's been hard for Sam and of course me and his dad spitting up and that and its been too much for him. I mean I asked for help about two years before I lost my kids and as I say just point blank refused me they said there was nothing they could do for him. Now I know that there are special schools they can go to. They can go to like boarding school and come home on a weekend, they must think I am daft but I know about those schools and I think that that would have helped a lot. Sam could have gone to school during the week and come home at weekends."

Alice's view that the sibling and family relationship would have benefited from early intervention for Sam is underlined by her view of the placement course:

M.E: How do you feel about the fact that they have now been placed separately?

Alice: (Mother)

"I am annoyed. Now they were both together at Redcliff but Sam was picking on Mark they were separated then for their own protection. Now before I had my kids took of me I asked for help, but they point blank refused me, cos I said Sam was picking on Mark all the time. But they would not give me help but when the foster carers asked for it they've got it. Now that really annoyed me when I found out they had separated them because Sam was picking on Mark. Because, when I had those problems with Sam they were giving me no help and I was asking for it I mean literally he would just pin Mark down and have a go at him. I mean he can knock me about, Sam is stronger than what I am yet they wouldn't give me no help. If they had gave me help last time they would still be at home today."

M.E: Do you think they will ever be able to improve the relationship between Sam and Mark?

Alice: Yes, because Sam's experienced a lot.

As the case profile history above and as the social workers account below shows this case is more complex than described by Alice. Critically however, Alice has a clear understanding of the value more early intervention in her case and has obviously thought through the origins of Sam's behavioural problems and the problems within the sibling relationship. Alice perceives that the crises within the family, arising from cot death and the separation from her husband, initiated these problems. The recognition of the way in which crises creates tension and relationship problems is important, She does not herself have a negative prognosis of the sibling relationship, believing it could be mended in time, indeed as is shown below the social worker in this case also holds this view. What is important here however, is that Alice perceives that her children only got the help they needed once they had been taken into care. Thus, they now have sibling therapy and Sam does go to a special school. Whilst the presenting problems surrounding this case are more complex, this point is distinctly important and has direct bearing on conceptualisations of continuity in terms of the integrity of the family, rehabilitation, and permanency placement, early and crises intervention and the use of boarding school or short term placements.

For Alice, continuity of the sibling relationship was implicit to any possible return home.

M.E: In terms of the long term planning would you like to see Sam and Mark together?

Alice: (Mother)

“yea, but they do need to get on better. Sam needs to control his behaviour a bit, they do love each other though. Sometimes when they are here they'll cuddle up on the settee and watch a video. Sam can be very protective of Mark that way you know, they are brothers after all, and to me if they ever do allow them back home they need to have been together otherwise they might find it hard to get on again you know. I don't want them to grow apart, as they grow older.”

Alice's perception of levels of contact is very much linked to her hopes of rehabilitation for her children.

Alice: (Mother)

"I would like more contact with both of them as a family. But they just keep saying it's not beneficial yet for them. I am only seeing my sons once a fortnight. They have no intention of giving me the kids back. They just say, well the kids are just better off not seeing me. They will be able to settle down. I mean if they were working with me towards getting the kids back how does once a fortnight help, it doesn't. I mean if they came for overnight stays they would be able to see how I coped with them. I mean they could try like all day Saturday and then on Sunday at ten o'clock in the morning they could go back to their foster homes, and they won't even do that

When asked about her feelings about how contact is arranged, Alice was concerned that contact involved both siblings together:

M.E: How do you feel about how contact is arranged?

Alice: It's important that I see them both together because it's the only time that they see each other as brothers.

The most emotional moment for Alice during this whole interview occurred when I asked her to reflect on her feelings about contact:

M.E: How did you feel during the last contact situation, and when it was over?

Alice: Everything went fine, and then (pause, tearful), they have to go back and I hate it when they have to go back (tearful, upset head bowed). I am sorry I don't mean to get upset.

(iv) Susan (Social Worker)

Susan: (Social Worker)

"We were looking for a long-term permanent substitute placement not adoption but a long term placement with foster carers. Adoption is just so final, and I've had to stick my neck out and say it's not an adoption case it's not appropriate but in Farnham (Local Authority) if you request a permanent substitute placement I mean it usually means adoption, and with the changes since the Children Act, there is only twelve weeks to firm up a care plan which is legally sanctioned and the judge is usually keen to just

approve adoption plans, just like that. Well it's not long is it 12 weeks. I mean what about assessment, and what about the sibling relationship how can we formulate long-term plans on the basis of 12 weeks assessments. It seems to me that the period involved here is just too short."

The social worker in this cases is clearly committed to the siblings being placed together.

Importantly, as is highlighted below this commitment to the importance of continuity is very much bound up with the permanency of the separation from their parents. Having 'lost both' their parents it is important that 'they do not loose each other'. Thus, working on the sibling relationship is not seen as involving any integrated work with the family as a whole. This raises wider practice issues

Susan: We have Mark in one placement and Sam in another again because the foster carers, when they say you know move this kid we don't get the choice yea. So they are again in separate placements and mums not happy with the contact arrangements. There have been a few solicitors' letters backwards and forwards. What we have done is to arrange an assessment of the sibling relationship, to then put that to panel and to then either say that yes the boys do need to be together they have lost their mum you know they've lost their dad. They are in care. If they loose each other . . .OK it may not be good now but we need to work at it yea?

Contact

Susan: When we actually put the comprehensive assessment records together with the recommendations, the decision was that contact would be once every two weeks which we felt would be an appropriate level of contact to maintain the links but also to allow the boys time to settle. Before this plan was instituted, the boys were having contact every weekend with a parent and every weekend with a grandparent. So each Saturday and Sunday they were having contact, so once they moved in the placement we actually said right we are going to effect our plan and make contact every two weeks and that has worked. It actually worked and there haven't been any problems apart from mum saying that she wants more contact, but that is not in the interest of what we are trying to plan in the long term, although other situations have compounded the affair really.

There are clear plans here in terms of contact. There was an absence of any written agreement on contact in the case files. The social worker in this case however clearly felt that contact with their mother was positive

Susan Yes, I mean both boys want contact with their mum you know they get a lot out of it, mum wants contact with them, and at the moment its the only time they see each other,

I mean we are talking about a five year old and an eight year old who know who their mum is and you know she's part of their life even though they can't live with her she is still regarded as important in their life.

The mother in this case works with the foster carers in arranging contact and is thus pro-active in ensuring contact between the siblings:

M.E: So who is primarily responsible for operationalising and preparing for contact?

Susan (Social Worker):

It's the foster carers and the parents because mum is pro-active in it so much as they actually collect the children, take them back to the house and return them. The foster carers don't really do anything but obviously if there was a problem for whatever reason, then mum would ring the foster carers so it would be negotiated between the parents and the foster carers.

In terms of expectations of contact the social worker in this case had very clear views:

Susan: We make contact every two weeks in order to maintain those relationships and I think that is the most vital part of the contact, actually maintaining the link with mum and between the siblings in care and other family because there are also two half-siblings living at home. I suppose in a nutshell they know who their mum and dad are and they know the role they play in their lives and are very accepting the current circumstances. For my point of view its difficult to start denying people parenthood and what have you. That's probably the most difficult thing I find about this job as a whole. So in terms of the expectations of contact I think it is important to maintain links with the family so that the boys grow up knowing who their mum is. Knowing where they come from you know.

Discussion

There are clearly distinctive perspectives in relation to definitions of continuity in the accounts offered by the mother and the social worker in this case. Alice is hopeful of rehabilitation and applies for a revocation of the care order every six months. The social worker in this case is certain that a permanent substitute placement is the best option for the siblings. These definitions emerge in the accounts, as have very clear immediate ramifications in terms of levels of contact for Alice. Contact with her sons is reduced from once a week to once a fortnight. For Alice this means that 'they have no intention of giving

me the kids back' for the social worker levels of contact with the mother was seen as instrumental in the breakdown of the bridging placement;

Susan: (social worker):

“The foster carers were saying look we can't take them both, we can't cope with it, so what we did was reduced the contact to once a fortnight.”

Critically in this case it may be argued that perceptions of continuity of placement do have important implications in terms of planning for contact. Crucially, in this case the siblings in care only saw each other when they had contact with their mother. The mother's awareness that reductions in levels of contact signalled the ignition of the permanency arrangements clearly emerged in her account. Similarly, the social workers view that contact with the mother was having a detrimental effect on the sibling relationship and upon Sam's behaviour in particular, is evident in the reduction of contact following placement breakdown. These differential perceptions emerge as important issues in relation to the implications they hold for the careers of the siblings who are being looked after. In this case there are clearly problems in the sibling relationship, and Sam is identified as having behavioural problems. Perceptions of the origins of these problems are important in terms of placement and contact planning. If the problems are clearly linked with poor parenting, as they are in this case then the mother's involvement in care planning is limited and the need to find a stable and permanent placement becomes crucial. In terms of practice issues, perhaps a key question here relates to the implications of isolating behavioural problems and sibling relationship issues and attempting to resolve such presenting problems without reference to an approach based upon the entirety of the family, by using family therapy for example.

(v) Mrs Ross

M.E: Do you think that the boys should be placed together?

Mrs Ross: No, no, Sam doesn't get on with his brother. Well I used to work at the school where he went, so I knew him before I got him and he was very protective of his brother in the schoolyard. He is a bit of a ruffian he doesn't make friends, Sam. So, he is his own worst enemy, but he did look after his little brother. Because,

his little brother is big-eyed, quiet but a little bit shy you know. He gets Sam into trouble, but he never looks as if he's doing it. But they love each other and Sam would give him anything, I mean if you bought him a toy today he'd give it to Mark. So they love each other but they don't get on. They fight with each other, but you don't see Mark hitting Sam much because he is sneaky.

Mrs Ross: Sam went because we thought he had been found a permanent home but when we came back we asked how Sam was getting on, the social worker said would you like to know how he is getting on? would you have him back, it didn't work out. Then when I talked to the foster mother she said that she was never a permanent home she was only a stand by but we were told that it was a permanent home for Sam and the foster parents were younger people and I thought that was better. You know younger people. She said oh we were just seeing how they got on together but it didn't work, Carol (the foster carer) said she just couldn't cope.

Importantly, in relating to why Sam was placed with Mr and Mrs Ross following this breakdown - Sam's behavioural problems are related to:

Mrs Ross: So when he came here his reputation came ahead of him, and we had had a really really bad report and we were really worried. I don't know why he responds to us because Carol couldn't cope with him and so when we came back from Australia the social worker was really pleased that we would have him back as if no body else would have him. I think he needs discipline and he responds to it. If he knows there are weaknesses he works on it.

Contact

When asked about her feelings about contact with his family as a whole Mrs Ross has clear views:

Mrs Ross: Well he enjoys seeing Mark, I know that matters to him, he loves his Dad even though he's a bit of a drunkard.

M.E: How do you feel about him having visits from his mother and brother?

Mrs. Ross: Myself, I think he is better without them. I think the less contact he has, the better, but at the same time you can't deprive a child of his mother or his brother you know when its his birthday he'll say, oh I wont see our mam or our Mark on my birthday and he didn't, but she came round and gave him a card. Even though we'd told her not to.

Importantly the foster carer's perception of her role as a foster carer underpins this view:

Mrs Ross: But he can't be living with one family and still have his own family. It is very difficult. Oh it was a pain last Christmas, she was there at half past nine in the morning with Mark, so it put all the day out, I mean we couldn't go anywhere because she might be there waiting when we came back and

we didn't know whether to give him any presents because they had got presents.

This view clearly indicates a perception of the relationship between foster carer and parent, which is based on the notion of the foster family as the substitute family. Importantly the foster carer does also hold the perception that the siblings needs would be better met if they had contact separately with the mother:

M.E: Does Sam's mother always bring Mark when she visits?

Mrs. Ross: Always together, never separate, which I think it might be better if it was sometimes separate. Because they can't give enough attention to both because Sam always misses out Sam is always the one who is left. Mark gets all the attention. It would be an ideal situation if on this fortnight they had Mark one week and Sam the next. Then again the kids would miss each other they do like each other.

Another important perception in relation to levels of contact with his family related to control:

Mrs Ross: Contact was cut to once a fortnight where it used to be three times a week. So we feel as if we are in control of him now and he doesn't sort of say well our mam said this and our mam said that, he doesn't ever. He did say once can our mam come our mam rang today she said she had a video for me and he sort of said can our mam come for me tomorrow and I said she can't she's not allowed but he's never pushed it anymore.

As the transcript extract relating to Sam's perception of placement and contact above shows this element of control seems to permeate his life with the Ross's. As the discussion above also shows however, the perception, which is related to Sam in relation to visits and to his mother, is a very negative one. This negativity seems to extend to ownership of Sam:

Mrs Ross: because his mothers a bit of a troublemaker she used to take issue over everything, you know with the other foster mother and me. she put earrings on him when she knew he wasn't supposed to wear them for school. She'd insist you'd take em out she'd put them in all the time it was a battle of wits. But our Sam will say can I get an earring in and I'll say no and he say but our mam said I can and I'll say well I said you can't

(vi) Carol

Placement

Carol's perception of this placement in terms of long term planning had important ramifications in terms of her views about contact with the Mark's parents and contact with Sam during home visits. This was the only form of contact the looked after siblings in this case were having at this time

M.E: Where did contact occur between Mark and Sam in the last contact situation?

Carol: It always occurs at the parent's home. They collect him here and take him and Sam to their home.

M.E: Did you find it was a helpful situation in terms of the long term planning for Mark?

Carol: I can't say whether it is helpful. I mean personally, as far as the long-term plans go I get the idea that they won't be going back to their parents. The chances are very slim of their going back to their parents. So I don't see its helpful keeping the bond with Sam or his parents as strong because it stops them both setting with new families.

Here it may be suggested that Carol's perception of the value of continuity in terms of the sibling relationship is related to the possibility of rehabilitation. Given the almost certain prognosis that this is a long term permanent placement Carol's feelings are that contact should be reduced:

M.E: And how do you feel about these situations?

Carol: Well as I say. If there's a chance that they are going to go back to their parents, then it would be fine and it would be OK because it would be very very important to keep that contact going as much as it is or even more. But if the chances of him going back are slim then I think its unsettling for him. And I think that in these situations, it's the parent's feelings and rights that are being looked at more than the child's, because I think from Mark's point of view, if he is not going back to his mum which seems very unlikely, then it would be better for him to have contact with his parents and siblings reduced.

Carol has very clear views, and even stresses that had the plan been for rehabilitation then contact would be 'very very important'. In terms of practice issues there are two clear areas of concern here. Firstly, in terms of contact with the family generally, despite the long-term

prognosis, the Children Act is clear in its argument that contact should be retained. The relevance of this issue, in relation to sibling continuity, may be related to the degree to which problems within sibling relationships are seen as being integral to problems experienced by the family as a whole (family therapy approach), or whether therapy or treatment, designed to maintain the sibling relationship, is useful in isolation from the family. Clearly there is value in both approaches for looked after siblings. Significantly however, in interpreting meanings and perceptions in this case the key attribute in determining the approach taken to the placement and continuity of these siblings lies in the designation as long-term placement rather than rehabilitation. Thus, Carol clearly sees the value of contact both with the parents and siblings as linked to long term planning. Moreover, the social worker in this case clearly perceives therapeutic intervention in relation to the sibling relationship as being isolated from the natural family context. Thus the social worker's long-term plan for contact with their parents is clearly laid out within the court order as fortnightly and is instigated as soon as the sibling's first placement breaks down. It is ironic that in this case, despite the social workers clear and proactive commitment to sibling continuity, contact between the siblings only occurs when the parents visit. These contradictions will be discussed further in the following sections.

Critically perhaps the perception of the foster carer in this case is clearly related to the perception of the permanency of the placement

M.E: Are there any changes you would like to see terms of contact?

Carol: Yes I'd like to see it reduced because it stops him having normal weekends with a normal family and its not a normal situation because he is just going on visits.

The perception of normality here is important because it diverges considerably from any notion of an ecological approach. In this fosters carers view continuity for the siblings can only be viewed within the continuity of their current normal permanent situations. Situations and contexts, which must not be linked to their histories or origins to any great extent.

Contact with family and siblings in this new arrangement is not very helpful because it stops the child being able to settle with a new family. Clearly there are issues here in relation to

the value of contact given the perception of permanency placements. From Carol's point of view the sibling relationship in this case was untenable:

M.E: Do you think that the siblings should be placed together in this case?

Carol: I still think you know that having them living together is damaging for both of them and that isn't because I have had them living together here. One day for example, I told Sam that he was not allowed to play in the garden because Mark was playing happily with David (other foster child with physical disability), 'I don't see why I should' and you would get a mouthful and he went up to his bedroom and he through things out of the window, -clothes, toys anything out of his bedroom window, because I wouldn't let him play in the garden . . . that kind of thing used to happen all the time (pause stressed). . We weren't always aware of it but Mark was goading him when we weren't watching. but it was Sam's behaviour that we had to deal with because that was what was there and Sam was very very difficult to deal with.

Here the issue of the appropriateness of this placement arises because as the social worker reflects later this foster family who were relatively inexperienced also had another physically disabled foster child and an elderly relative in the house. Importantly however it is Sam's behavioural problems that are once again brought to the fore, as well as difficulties within the sibling relationship.

Continuity

Several practice issues arise from the initial analysis of extracts above. These are briefly described below:

- (1) How are perceptions of continuity related to or affected by perceptions of contact?
- (2) How does legal intervention impact on contact between siblings?
- (3) Would a more specialised placement setting have been of more value in terms of therapeutic intervention into the sibling relationship?
- (4) How far was coherent planning for continuity in this case contingent upon the availability of resources, and foster carers having positive perceptions of contact, despite permanency planning?

(2) Definitions of Inclusivity and Partnership

(i) Sam

M.E: Do you speak to Susan very much?

Sam: No not really, she hasn't been down for quite a long time.

Pete Ross: (foster carer) (interrupts) No she doesn't come as often as she used to its only if we notify them she has to do her compulsory reports as well that's about it really. She comes about twice a year. She doesn't come as regular as she used to because there are no problems.

M.E: Do you feel you can talk to Susan all right?

Sam: Yea (pause, thinking) but I am only in with her for about five minutes and then I am out.

M.E: Do you think Susan takes notice of what you say?

Sam: I don't know really

Mrs Ross: He doesn't see her much.

Sam: I saw her at mam's once.

Mrs Ross: On a Saturday she doesn't work on a Saturday.

Sam: Dave (mothers partner) needed money for petrol - he gets ten pounds or something.

Mrs Ross: We saw her at a meeting once but he wasn't there.

Sam: I was.

Mrs Ross: You weren't at the meeting.

Mrs Ross: Really we like it if we don't see social workers we never have any troubles and we think the less we have to do with social workers the better for the kids.

Sam: I am off out now, see yea (leaves)

Mr. Ross: He's talked more to you today than to anyone

M.E: Is that right?

Mrs Ross: He doesn't talk to Susan, he doesn't ask her anything. A lot of people come and ask, would you like more of this or more of that. He is very loyal to his mother I think he loves her but I think he knows he'll never be number one there because you've got two others at home and she's very loving towards her youngest. She's

just not a very good mother. She lost one in between a cot death she talks about that to them you know, would you like to see photos of the baby, and that which I think is stupid you know we have had a cot death but we don't talk about it.

In terms of Sam's perception of his influence in relation to decision-making, issues seemed to be raised here in relation to the degree to which he would like more influence. For instance, saying that he was present at a conference when the case files actually showed that he wasn't present at all. The degree of contact (about twice a year with his social worker was also confirmed by the case file) This raises issues in relation to the degree of influence that Sam actually had, and indeed the information he was given in relation to planning his career in care. In addition the foster carer's view that 'the less we have to do with social workers the better' may act to constrain the extent to which Sam has direct or indirect influence on decision-making processes.

(ii) Mark

M.E: Do you know Susan?

Mark: yea

M.E: Do you like to talk to her?

Mark: sometimes

M.E: Do you think you can talk to her a lot about things?

Carol: Sally was here last week wasn't she, did you talk to her?

Mark: Yes, I mean no, I mean I can't remember.

Carol: You were on the rocking chair, rocking like billy then as well. Susan kept saying Mark are you going to talk to us or not until in the end you left us didn't you.

M.E: What did you talk about with Susan?

Mark: (giggling) now't

M.E: Do you talk about when you go home to visit?

Mark: Yes

M.E: Did she ask you if you would like anything to be different about your visits?

Mark: No

M.E: Would you like anything to be different about your visits?

Mark: I want to go to my grandmas on Saturdays instead of Sundays.

M.E: If there were anything you wanted to be different do you think Susan would change it for you?

Mark: I don't know

Carol: You've never said that before about changing days. What about Sam would you like him to change days as well so he went to grandmas on Saturdays

Mark: yea

M.E: Do you like playing with Sam when you go?

Mark: yea but Sam's sometimes naughty and I am never naughty am I Carol?

M.E: Would you like to spend more time with Sam?

Mark: Yes I'd like to see him more often, can he come back to live here?

M.E: If you asked Susan do you think you would get to see him more often?

Mark: I don't know, but I want to see him more

Here, Mark is very unsure about the degree of influence he can have in terms of changing the way contact is organised. He has obviously thought about what he would like to be different about contact but has never told anyone. In Carol's view if he did "talk to Susan, Susan would respond"

M.E: Do you think he thinks he is listened to?

Carol: Now if he does say anything like that we say well that's up to you Mark if you want anything changing tell us and we'll do everything in our power to change it.

M.E: Does Susan make him aware of that?

Carol: Yes she does but she hardly sees him
She was in last week but she saw him for less time than he's talked to you today.

I found Mark and Sam's perspective in relation to decision-making strikingly similar.

Firstly, the foster carers reported that they hardly saw their social worker and secondly both siblings said that they would like more contact with each other.

Carol was more aware of Mark's rights in relation to care planning than Mrs. Ross and seemed to give more validity to Mark's perception of contact in comparison to Mrs. Ross's view of Sam's perception of contact.

(iii) Alice: (Mother)

Alice's perception of the extent of her influence in decision-making processes was very much intertwined with the decisions that had already been made in relation to placement and contact.

Alice: What I'd like is for Mark and Sam to come home, with help for Sam . . .

M.E: When you talk about this do you feel your being listened to?

Alice: No definitely not, it's as though its going in one ear and out the other they are not interested. I've said well I want them, and they've more or less said, well you're not getting them back

Importantly in terms of decision-making in relation to long term planning Alice's perception was very much linked to contact issues

M.E: In terms of long term planning do you feel involved?

Alice: No, I am only seeing my sons once a fortnight. They have no intention of giving me the kids back. They just say well the kids are just better off not seeing me. Then they will be able to settle down

In terms of feelings of inclusion in decision-making Alice's point of reference seems to be the initial court order.

M.E: Do you feel able to talk to your social worker?

Alice: yes, but its a waste of time she just won't listen. They've been out to get Sam and Mark from the start, they went to court they used the law and they took them from me and now they are happy. They are not bothered about what I think anymore. They've got control now.

M.E: Do you think there has ever been a time when you've ever felt listened to?

Alice: No I never have, its all been one sided all the way through.

M.E: And how often does Susan (social worker) come out at the moment?

Alice: Not very often, they could say well look we we'll give you one more chance, but the way things stand they are never going to come back. After two years they should give me another chance. I done everything I can to get my kids back and they said I would have to go up to Newlands Hospital because I was under stress and needed help. I went to the doctor and he said that there wasn't anything wrong with me and that I didn't need help with my nerves or anything. I don't know what it is they are saying to me

This consistently adversarial perception of her relationship with social service professionals and the confusion with regard to messages being given about her sons permeated Alice's view of the way decisions were taken.

M.E: How are decisions taken?

Alice: Well Susan goes back to her team manager and she makes all the decisions.

M.E: The team manager takes the decisions?

Alice: Yes

M.E: Has you ever attended a case conference?

Alice: I have been invited to them but they just haven't listened. I mean I've asked for overnight contact and they have just said no. Now to me that's them more or less saying, you know I am never going to them back again (pause upset). They just don't want to know.

M.E: So when you go to these conferences who is there?

Alice: The social worker, the case manager and then there are the foster parents.

M.E: And does everybody have a say?

Alice: yes, well the foster parents say how the kids are going on and what they are like at school.

M.E: And can you ask questions?

Alice: I could do - last time I wanted to know why Mark and Sam weren't together, they never really said why.

M.E: Do you think that's where most of the decisions are made?

Alice: Yea, but I go to these things and they all gang up on me, they make the decisions and there is no point in me being there half the time I don't understand half of what they are talking about

The implications of Alice's feelings of exclusion in the decision making process centre upon three key issues. Firstly, the degree to which her views on the siblings being placed together are taken into account during the siblings careers in care. Secondly, the degree to which social work professionals view Alice's perception of exclusion as detrimental to long term planning for these two siblings. As the social workers account of partnership and inclusion below shows the importance of partnership between the social worker and mother in this case was to become vital in attempts to secure a placement where both siblings could be placed together. Thirdly, the degree to which continuity for the siblings was seen as intrinsically involving positive experiences of contact between the mother and her siblings and between the mother and the foster carers. This latter point was of particular significance given the importance of partnership stressed in the Children Act (1989). Significantly, Alice's only positive feelings of inclusion in the care careers of her two sons are with Mark's foster parents and with Carol in particular.

M.E. Do you feel able to talk to Carol?

Alice: Yea (pause, thinking) I mean Caroline's the only one who will ask how I am and how Dave is and everything but Susan and Mrs Ross don't even bother I mean she's the only one I can talk

It was significant to me that for Alice being able to talk to someone was linked with someone showing concern about her. In terms of support Alice's view that preventative measures, early intervention and support for her, in terms of helping her to manage Sam's behavioural problems would have meant that a crisis point might not have been reached for these two siblings. The trauma of a cot death and marital breakdown preceding this request for help

clearly also would have warranted extra support for this family. When the pendulum swings between prevention and protection, issues are often difficult to disentangle in specific cases. At issue here however is whether these two siblings would have been permanently placed using a court order had the mother not felt and had not in reality been excluded from support services at the early stages of crises within this family. This suggests that the timing, mode and form of intervention may have significant implications for the career of siblings in care. Moreover once the definition of continuity has been confirmed as permanency or rehabilitation this may as the data in chapter four and as some of the implications of this case study suggests have significant implications for placement, contact and planning issues.

(iv) Social Worker

In terms of the social workers perception of inclusivity and partnership in the decision-making process, ideal views seem to diverge radically from the mother's perception of her degree of inclusivity in this case. Importantly however, the social worker recognises that the mother does not invest any trust in her as a professional but regards this as being symptomatic of their shared powerlessness in relation to resources.

M.E: How much importance or value do you place in balancing out different view points in terms of the parents, the carers, and the children. Would you place more value on member of this group than another?

Susan: I mean if you want me to rank it. The most important is the children you know if they are saying to this isn't working I don't want to see my mam anymore then I will listen to that above everything else after that I attempt to listen to the views of the parent not because I discredit the foster parents but they get paid, what they get paid is absolutely pitiful but they are getting paid to do a job by the Department. I mean I don't expect people to go around upsetting foster carers but I hope that they have a level of understanding of where we are coming from what their job entails and they also have a link worker you know.

M.E: How important are practical resources to you in terms of being able to properly operationalise partnership situations in this case?

Susan: There are always resource issues. For example, in terms of partnership, because the boys are split up, mum didn't want that to happen, I didn't want that to happen. Mum and I are in partnership in that respect. But its just compounded by resource issues, you know that there is no alternative. So I think they are vital, I

think resources are getting tighter and tighter for whatever reason and that has a knock on effect in that mum feels that I am not working in partnership with her because I've split these boys up. What she doesn't see is the fights the letters the memorandums and what have you saying look this is not acceptable, but because I am the front line worker she'll say, why did you do that? and I'll say I didn't but yes the department did, so . . . that compounds the whole thing. Because for want of a better word I get blamed as the front line worker I think blames the wrong word but it's my responsibility (pause upset) when really it is not it's the department's responsibility but I am the one who has face to face contact. . . . Alice and I held the same view that Sam and Mark should never have been separated. You see their very first placement actually worked but they were only short term foster carers it was very early days she was shocked and I think they took comfort in each other, they were actually separated because there weren't the resources to keep them together. Despite numerous bits of paper and me ranting and raving because I do believe that children should be kept together. And so when they were separated mum put in a complaint in fact I know Alice put in a complaint because I told her to. She said to me you know I am not happy about that and I said if you're not happy you can complain and I don't think she ever pursued it any further, she had an appointment with the service manager but did not turn up but she did put in a complaint and I supported her in doing it because I felt powerless against the system so I was saying yea. If Alice had kept her appointment perhaps there would have been a little bit more looking into it and maybe something would have come out of that which could have given us a way forward in the future.

The social workers view of partnership in this case also rested on the importance of written agreements.

Susan: I think parents should be part of all decision-making. Even if they don't agree, their views should be recorded, like the comprehensive assessment in this case. We had a working agreement, we did the sessions they saw the report and that included wishes of children, wishes of parents and then the conclusions and recommendations and although mother didn't agree, she had that information and then I guess that affected her statement to her solicitor, which was presented in court.

M.E. In that sense what do you think are the most important aspects of partnership?

Susan: I think honesty and total sharing of information, and in terms of decision making trying to keep everybody happy. You can't do that all the time but just trying to and if we have to, for want of a better word pull rank fair enough. We have to do that and say I am sorry but we've got the care order and we are going to decide this but the parents should be involved even down to the measles vaccinations. I have just done those for Sam and Mark. I could have just had it signed by the department but I didn't I took the forms out and said to Alice how do you feel about it? She said she wanted it and signed the form. If she had said no I don't want them to have it we then could have said well I am sorry but we believe that

they need it and therefore it is going to happen. If she had objected on religious grounds I don't know what we would have done but that was not an issue then but as it turns out she wanted them to have it and it's just a courtesy thing about saying they are your sons, recognising that they are her sons. And that she is part of the whole process. OK the children don't live with her but it does not exempt her from her rights as a mother.

Discussion

Significantly, whilst the mother in this case indicated that she did not know what people were saying to her and that she had no influence in decision-making, partnership between the mother and the social worker did occur when they recognised that they both wanted the boys to stay together. In this sense there was a shared pro-active commitment to the siblings staying together. This pro-active commitment was located in very different expectations of continuity planning. For the mother, her hopes still resided in rehabilitation and therefore it was important that the boys be together so that 'if they ever do allow them to come home they need to have been together otherwise they might find it hard to get on again' (Alice: mother)

For the social worker in this case this pro-active commitment was very much linked to permanency planning, parental rights in this sense are defined as a 'courtesy thing' when day to day matters such as inoculations are considered. However, when the social worker felt powerless against the system and resourcing became the defining feature of planning constraining the possibility of the boys staying together due to a lack of placements partnership with the mother became more tangible and important.

In this case the case files did include records of agreements and disagreements although there was no written agreement for contact itself.

(v) Mrs Ross

For Mrs Ross, the question of feeling included in the decision-making process is very much linked to the question of contact:

M.E: Do you think you would like to have a greater say with regard to how decisions are taken in relation to Sam?

Mrs Ross: Well last year I would have said yes because there was so much contact but this year they seem to be getting it right, it is less. Well I don't want them to grow up together him and Mark, but I think they are going to try again with another one, I think they are looking for another home for them together but I don't think it will work and I think it is upsetting him again. There is nothing that I would like to decide about Sam except that he gets somebody permanent, he should be settled now because the older they are the less people want them I mean if they are only about seven you can still mould them. Mind it might still be a hell of a job because they have had a bad upbringing and they've thieved and they are all rogues you don't get kids that are not rogues that are in care. You can't give them the run of the house like you can your own kids.

This extract suggests that for Sam's foster carer inclusivity is a very limited concept in that Mrs Ross just wants to be left alone to get on with the job of moulding Sam. A job that is discrete and that should involve limited involvement from his natural family or from the social worker.

(vi) Carol

For Carol the question of inclusivity rested firmly within the degree to which her requests were acted upon. In the following extract the emotional strain of not being able to cope with the two siblings together was evident in the words and in the body language presented during this interview. The anger of feeling ignored in terms of the decision-making process in this case also became evident to me.

M.E: Do you feel that you're social worker takes notice of your views?

Carol: (long pause, thinking) Yes and no I think she takes notice but she also has her own agenda, none of this goes back does it?

M.E: No oh no

Carol: She has her own agenda. I know that her job is very very difficult. I know that she has certain criteria that she has to meet and it must be difficult for her to balance it between the two. But certainly when we had Mark's brother taken they didn't respond as quickly as I think they should have done. She appeared to be listening but not acting. Or she didn't appear to be acting.

M.E: How did that make you feel?

Carol: Angry, angry not just for our sake because it wasn't working we couldn't put up with it. We already had one disabled foster child, and an elderly relative to look after. But we were also angry for Sam's sake; we were prolonging the agony for him. He knew he was being taken away from his brother, the waiting was awful for him. The longer he waited the more hopeful he seemed to get that he was going to stay, it was like a stay of execution for him really, just false hope. That's why, when the day finally came for him to leave he was in such a terrible state. I'd never seen him cry before that day, he seemed such a tough little lad. I realised then that despite everything he really loves Mark. I wish we could have coped with them both.

It may be suggested here that several factors contributed to the feelings of exclusion experienced by this foster carer. Firstly, as the social worker discusses in the following section, this particular placement may not have been suitable for these two siblings. Clearly, Sam's behavioural problems and the tensions within the sibling relationship were difficult to deal with and a more specialised placement may have been more suitable. In this case the family already had one disabled foster child and an elderly relative. Secondly, as will be discussed in the following section the social worker in this case had a very strong and proactive commitment to keeping these siblings together and the delay was symptomatic of her search for a suitable placement for both siblings. Thirdly, and as a corollary to this latter point the social worker was not entirely convinced that the foster carers would be able to cope with this sibling relationship. However, she did feel that they would overcome these difficulties in time. This perhaps is indicative of the view that Sam's behavioural problems and the tensions within the sibling relationship were symptomatic of poor parental skills as displayed by their natural mother and that because these foster carers displayed very good parental skills perhaps they would overcome their early difficulties.

(3) Social Work Practice and A Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

An examination of case files, revealed that the social worker had a very strong commitment to maintaining continuity in terms of the sibling relationship in this case. The siblings in this case underwent an assessment of the sibling relationship following the breakdown of their

second placement. This assessment was then put to panel in order that a decision could be made in relation to the boys being placed together. Interestingly, the mother was not consulted at this point and she was not part of the panel process. The mother was consulted only when it was found that a suitable placement was not available. She was then persuaded to act in partnership with the social worker and exercise her parental rights.

Importantly, however, the commitment of the social worker to this sibling relationship is evident in the case files, which reveal that a programme of sibling therapy was undertaken following the breakdown of the second placement. This therapy was in addition to the fortnightly contact the siblings were experiencing within the context of contact with the mother. Child in care reviews within the two files demonstrated that the social worker voiced very strong opinions in terms of planning for the continuity of this sibling relationship. In addition Sam's case files recorded that individual observation sessions had been undertaken to try to assess the nature of the boys relationship problems. Moreover, Carol (the last foster carer who had the boys together) had filled out a sibling checklist in order to inform the assessment of the sibling relationship. The children's mother, father or grandparents were not asked to complete a sibling checklist. In terms of contact between the siblings, this was operationalised by and was always with the children's natural parents. Contact between the siblings was dependent upon whether each child was available at the time allocated for contact with the natural parents. In this case, one of the siblings went caravanning every other weekend with his foster parents. Consequently, the siblings only saw each other monthly. The frequency of contact has implications in terms of a pro-active commitment to planning for continuity for siblings in care particularly since these siblings were very young and could not arrange contact for themselves.

(4) The Availability of Specialised Placements Able to Take Sibling Groups and The Relationship to Planning for Continuity

This case raises issues in terms of placement suitability and planning for continuity. Of concern here is the extent to which the social worker in this case felt constrained by the lack of available, suitable placements. Reflecting on the case the social worker comments:

Susan: “The planning in this case is terrible but it’s not about my planning or the case manager’s planning. The planning in this is good it’s about consistency of care but we are all constrained by the circumstances we are presented with. We just try to make the most of the placements we have got. When Sam had to be moved out of his placement with Mark, my agenda was not to keep the foster carers sweet it was about harm minimisation to the child.”

Reflecting on the placement breakdown experienced by the siblings, there is an indication that the social worker is not happy about the information provided about the placement before the decision was made to have the children placed there:

Susan: (Social Worker)

“Initially there wasn’t a foster placement that would handle both boys together. When we got the care order, I made it a heightened issue that we had this bridging placement and that was February. We actually waited till July for a placement and it was felt that it would be the right placement. Now if I’d had all the information then about the family I wouldn’t have chosen this placement. The two adults just couldn’t cope. They had elderly parents, their mum living with them and she was in her seventies and if you have an eight year old lad presenting behavioural problems because we don’t have perfect kids going through our books - yea you know it would be a lot easier, the elderly grandma was just going off the walls with Sam’s behaviour. They also had two adult children of their own living at home and they had another boy placed with them who doesn’t have learning difficulties but he is operating at a lower level than his age he is a very immature twelve year old. Looking at it they were over stimulated there was just too much going on. They needed a place where it would be preferably two adults who were able to cope with it all and had no other major family or fostering responsibilities. there is a definite lack of foster placements in the position to take two boys of that age who have these kinds of presenting problems. You know when Sam is with Mark he does have this regression in behaviour and it needs very firm oversight and management and I think it is surmountable but we don’t have the right foster carers for the job. I mean I am not really too familiar with the way the family placement team works. But from what I understand its about people just coming forward to do the job I think the demands we place on foster carers are very very different from that which existed twenty years ago. I think a lot of foster carers we have are foster carers from way

back then, they are not amenable to the change it just wasn't what they were recruited for. And the people coming forward now although we are getting the calibre of people the number of people responding to advertising campaigns is minimal."

An important issue for the social worker in this case centred upon the conflict of roles, which arose when foster carers requested support from her

M.E: Do you think that there is any more that could have been done in terms of supporting foster carers that could have helped the situation?

Susan: I am not too sure how the link worker system operates but I sometimes do feel that social workers are the ones that offer the support to foster carers they come to us rather than to the link worker which at times can invoke conflict of roles

An issue, which the social worker in this case felt very strongly about, related to the availability of residential provision. These feelings will be discussed more fully in section five overarching frameworks however in focus here is the service led nature of placement planning for this case.

M.E: In terms of residential care, do you think that the move away from residential to foster is justifiable in the sense that in residential care if the resources were there you could place siblings together.

Susan: (Social Worker)

"I perhaps disagree with a lot of people, but I think residential care is vital and should exist and I think that is unacceptable of us to think that all children will fit into another family and that's my base line. So we need an alternative, although I know there is a move away from large residential units. I think there is a need for that. I think what needs to be looked at, is that in residential care these days we need smaller units. But the youngest person in residential care is twelve, it seems that we only place adolescence in residential care, there is no resource for younger children. The option is not there. The beds are there but it's not appropriate for them to be with the people that are in residential care. Perhaps we need to look at whether it just needs to be for that market or whether it does need to be for a wider market. Because I don't think we should expect all children to fit into another family which is what we expect them to do."

M.E: In that sense keeping siblings' together as well if the resources were available in residential do you see this as an important option?

Susan: I think I said to you in the first interview that yes, residential care might have been an option to keep Sam and Mark together. I am not sure I think off the top of my head. On balance, I think these boys would have

been better in foster care because that one to one nurturing with consistent adults is necessary for these specific lads, not necessary for every child but certainly these two boys. But I mean residential care was never an option because of their ages.

(5) Overarching Legal and Policy Frameworks

In terms of key areas of policy and practice, the form that intervention takes was something, which the social worker in this case felt strongly about:

M.E: In terms of intervention do you think that there is a wider role for financial intervention in social work practice?

Susan: We do still intervene financially, perhaps not so much in the same volume as ten or twenty years ago. More often than not money is for specific items but we do give just general support money. But personally I think it's an insult I think the system needs to change not just social workers handing out a fiver here and a fiver there. I do that just because I think people need money and poverty is a massive issue rather than us saying, Oh they just can't manage until the end of the week, we will give them an extra tenner to supplement their income which we actually did with Linda for quite a long time. but apart from that I think a change needs to come in terms of benefits. The whole issue of poverty is about housing benefits everything.

In terms of her personal views, the social worker in this case felt strongly that issues relating to structural inequalities needed to be addressed as part of a more strategic approach to intervention. In relation to legal frameworks Susan felt that as a recently trained social worker, her professional development was very much moulded by the Children Act (1989):

M.E: How far are your views about partnership guided by the Children Act and how far are they guided by previous experience?

Susan. I think they are probably guided by my own personal views, and my working experience. I think, because I've worked for the department for three years I've been moulded almost in the new Children Act which works in partnership with parents its something my manager believes in firmly so my personal development has fallen into line. I would say its my views, but when I think about it, I would say well no it probably is how I have developed as a social worker under the umbrella of that act in determining which ways that we should

work in partnership, and therefore I do and don't question it do you know what I am saying?

In terms of making partnership work in practice, as the following extract shows, the view was held that there always had to be a power imbalance and that therefore the definition of partnership was really about stages of negotiation rather than equal participation in final decisions;

M.E. Do you think partnership can work in reality given resources?

Susan: Yes I think partnership does work. I think it has to work, but I think at the end of the day there is always going to be conflict of interest. That being the case somebody, somewhere has got to put their foot down or pull rank and say this is what's going to happen, in those terms partnership does not exist because if someone says well I've got the care order therefore we say this happens that's not about partnership. But in terms of negotiation and recording views yes I think it does work.

This social worker's views on the degree to which decision making processes were impacted upon by the use of legal mechanisms reflect this view was again;

M.E: In terms of decision-making after children have entered care do you think that there's more trust there if they are accommodated than if there is a care order?

Susan. I think it just gives slightly more trust. Its almost saying to parents, you know we have our concerns because I think although I don't sort of have experience of other agencies to compare it by . . .but I think we are an agency that is honest with parents but we don't sort of use euphemisms and we don't sort of say well that's one side of the story and this is the other side and separate them but we are honest with parents as we can be. Honest about what our concerns are, and why we make the decisions we make and put things into a court arena and at those times its nice to say well these are what our concerns are with your co-operation this the route we want to go down. If we get no co-operation yes we resort to you know the use of legal orders. But you know we do very much try to sort of get parental co-operation. And you know not having orders in court you know its in the court arena so the power imbalance is still there you know because we can still say to them you know (laughing) you take your kids out the court room and we'll slap an EPO (Emergency Protection Order) on them so fast that you won't know what's hit you. And that's the reality of it and its a bit of a stick but having said that we do try to do it in such a way that we can say if your co-operating with us we are happy to do it with out always having to back it up with a legal order you know. Ultimately we do go for long term orders only where they are required we really prefer to use interim orders.

M.E: Do you find that in your own experience there is any differences between the way in which accommodated and long term care order cases progress in general. I am thinking particularly in terms of co-operation in decision-making or do you think it's just the nature of the case?

Susan: I mean I don't think there's any big difference in the way they progress, because ultimately they all go through exactly the same processes and if there are child protection issues around they go down the child protection route. You know, I think sometimes we have to have an interim care order just as a fail safe and when we don't need to its more progressive thinking there isn't actually any significant difference in the way the work is undertaken.

I felt these views were interesting in the light of findings from research in the UK and Denmark which indicate that the use of legal mechanisms such as care orders may well impact upon subsequent care planning and the careers of looked after children. Importantly some of the comparative survey findings in the previous chapter and previous research indicates that when children enter care as a result of a voluntary agreement and are accommodated there is a relatively high correlation with inclusive care planning (Stone 1995, Christofferson 1988, Hestbaek 1998, Pruzan,1997) and placement stability (Berridge and Cleaver 1987). In addition there is also evidence that voluntary agreements contribute greatly to relationships between social workers and families and this carries a greater chance of rehabilitation. (Packman 1986). Sam and Mark went on to experience a number of placement breakdowns. The brothers remained separated throughout their careers in care. Returning to the case two years later, I was told that Sam had a total of ten placement breakdowns before returning home to his father remarking to his social worker that he had 'won in the end', he is now with his mother again. Mark had three more placements and is still in care, the boys do have contact when his mother visits him at his long-term foster placement. Alice has recently applied again for a revocation of the care order.

Case Study Two

Case Profile and History

This case involves a group of three siblings. Their reason for entry was child protection. The children's mother was in prison and their father was in a psychiatric hospital. In the last two

months the two girls had been freed for adoption, and Paul had been placed with his grandmother, Samantha eight and Julie four had been placed together with their potential adopters.

(i) **Grandmothers Account**

Interview context

Rose, the grandmother of the children in this case had agreed to look after Paul. Her home was in an area very close to chemical works and pollution levels in the town were very high. The stench of the local coke works seemed to permeate everything. Rose's house was tightly packed into a row of tidy little terraced houses. The living room was small, and full of antiques. The first thing I was told was that Paul had suffered from severe asthma since he was two years of age.

Rose (the grandmother):

"I suppose it started when Janet went to prison for shoplifting like, it was her fourth spell in ten years, their dad couldn't cope he had a bit of a breakdown really and just took it out on the kids. Social services came to me and said will you take them, well I couldn't I mean I thought well she'll be out in eight months. I said I could take Paul I remember the social worker seemed relieved. Oh we've got somewhere for the girls she said as quick as that. It was about three months later, I, a week gone Saturday, they visited Paul and me and said that contact with the sisters had been terminated. They said it was for the best. I remember the way Paul looked at me, he couldn't understand what was going on, his face was ashen he started to cough and had to get his inhaler out. You know its not right a ten year old boy like that he should be happy, his life has been hard enough as it is without him losing his sisters. He used to watch out for them you seen when his dad, well his dad had a hell of a temper and he used to think it was normal to take strap to them and them so young well Paul used to try and stop him by doing something naughty you know smashing ornaments and that. I know cos Jannette (the children's mother) used to tell me she was frightened of him as well. But Paul well all he had was his sisters he seems like a tough lad but underneath he's not you know. Sometimes I hearing him crying at night and he keeps this special photo in his room of when he was at the seaside and there they all are all three of them as happy as anything.

I was really upset about the whole thing I felt I'd let the kids down them not being together and that. But I told the social worker I said I thought it was all wrong splitting them up and having them adopted so soon. She said it was best for everyone but she doesn't know whole story. Anyway when I asked why Paul couldn't ever see his

sisters she just said it was a departmental decision whatever that means. We haven't seen Samantha and Julie for nearly a month now; they are lovely girls I just couldn't look after all three. I am just really upset by the whole thing I don't really want to talk about it

(ii) Social Workers Account

Elisa (Social Worker):

“This is a sad case really. I don't know where to begin with it. Well I was allocated the case when mum was in prison. The school nurse noticed bruising on all the children. Anyway teachers had noticed things about the children's behaviour; eventually we got a care order. The father seemed relieved if anything it wasn't long after he was admitted to a psychiatric hospital. The place the children lived in at the time, well it was 'over the border' you know those estates near the dockyard. We call them over the border round here. The grandmother lived about seven miles away so she didn't see the children as often as she would have liked. I remember going to see the children at their grandma's Paul was there holding Julie's and Samantha's hands. It was funny, when I walked in the girls grabbed both his legs, they were so used to him protecting them in a way. I really wanted a placement for all of them they needed to be together. When I couldn't get one and we had an offer of potential adopters for the girls I had to take it while it was available to at least give the girls some semblance of stability. The grandmother had already said she could take one and Paul with his behaviour problems would have been the most difficult one to place anyway. When mum was told about the decision she wasn't able to come to terms with it. She's had it rough with her husband but she had very poor parental skills as well. I don't really want to go into it in great depth, is that all right?”

(1) Definitions of Continuity

(i) Grandmother

M.E: How do you feel about the fact that the girls have been placed separately?

Rose: (Grandmother)

Well, as I said before I didn't think it would all be so drastic you no so final like. I can't understand why they couldn't either put them all together in a children's home nearby, so they could come to mine every weekend or something or at least put the two girls in a foster home nearby then we could still all see each other. I don't know a lot about these things like, I mean that's why I didn't say very much early on but as I said when she came and said you know the girls are going to be adopted and it was best for them that we couldn't see them any more I can't tell you how I felt it was a real bombshell. They've come through a lot together a lot I mean I've always been there but they always seemed to stick with each other I mean they quarrelled a bit like all brothers and sisters do but at the end of the day anyone could see the ties between them. I remember once little Julie was playing in my backyard she started screaming, she'd fell and scraped her knee she was about three at the time, Paul was in the living room

watching the tele he got straight up to see to her, he was like a daddy to her he really cared, she ran to him straight away.”

M.E: What was your experience of the last contact situation?

Rose (Grandmother):

“They were with other foster carers then. We used to see them a lot but they were only temporary like I mean that’s what we were told. The foster carers were good they used to bring them round like and then we’d go on the train and have a trip to the seaside or we’d just go to the market at Rayton or something. They were never any bother with me, like I think we were just all glad to be together, you know normal again. Anyway last time we were together it was just before Christmas I took them to see Santa they got their picture took with him and all that, I’ve got it somewhere I’ll show you it. They loved it, I found it all a bit tiring I’ll be sixty eight this June you know but it was a lovely day, I am glad I took them it being their last time together (pause upset)”

M.E: How do you feel about the girls' being adopted?

Rose (Grandmother):

Its not right, its just all wrong I know its not for me to say like but I know what hurt its caused Paul and I know the girls will be confused to. Why do you think they did it?

(ii)Social Worker

Placement

(Elisa) (Social Worker):

We asked for a permanent substitute placement for the girls because we wanted stability for them and we knew it was in their best interest.

M.E. Do you think it is important to try to re-establish contact in this case?

Elisa (Social Worker):

No when the children were freed for adoption we had already decided that continued contact with the natural family was not a) meaningful and b) not in the children’s best interests. So we went to court and that was it.

ME: Do you think that the maintenance of this placement is more important than any attempt to re-establish contact?

Elisa (Social Worker):

Yes, (Pause, thinking), yes because I think that if we were to look at re-establishing contact which we wouldn't, but if we were then I think it would put the placement in jeopardy because the clear agreement when the children were placed was that there was no contact. Contact with the natural family stopped long before that.

M.E: What key areas are considered when deciding upon the child's best interest?

Elisa (Social Worker):

I suppose you would have to look at the age of the child, the level of bonding between parent and child, the level attachment shown by the child to his or her parents, and what is in the children's best interest in the long term.

M.E: With regard to siblings would you use the same criteria?

Elisa (Social Worker):

"It's always a very difficult question when you've got siblings, because obviously your heart tells you that children should remain in contact at least with their brothers and sisters if nothing else. But sadly there are cases, and this is one of them, where that just is not possible. In an ideal world one would have looked to all three children being placed together and that didn't work because the grandparents were only able to take Paul but not the other two. And I don't think prospective adopters would have taken Paul because of his difficult behaviour. And at the end of the day contact would have had to be stopped anyway. I think I can't see any way that that would have carried on."

(2) Definitions of Inclusivity and Partnership

The grandmother's definition of inclusivity and partnership in decision-making in this case had been very much based on a perception that professional judgement was all-important.

Comments like, 'I thought they would know what best to do', permeated her account of the lead up to the adoption. Her feelings after the sisters were freed for adoption were very different.

(i) Rose (Grandmother):

Rose: "I wish I said more now, you know, that they should be together and that . . . I did go to a meeting about it, but it all went over my head a bit, I was too frightened, nervous like to say anything. They would all look at me and well I do get myself in a tangle sometimes, I didn't want them to think I was daft or anything you know me age and

that they might have took Paul off me that would have finished him I know it would have.”

(ii) Social Worker

M.E: Do you consider the views of foster carers, residential staff or parent to be central to any decision to free a child for adoption?

Elisa (Social Worker):

“No. Residential staff I think would probably carry more weight, but at the end of the day I think it is a field social worker’s decision to do that. Because we often have very different agendas certainly to foster carers, because they don’t always have all the background knowledge that we have. They also don’t sometimes have the awareness of the implications of why a certain course of actions would be wrong. So I would always explain to foster carers or residential staff why we were going down a certain path and I would listen to what they had to say. But at the end of the day I think that that would be a fieldwork decision. I have my own views about parents, they can’t see what’s best for the child usually or they can’t accept it. With children I do listen, but you know we know the history we’re the professionals here we can see the whole picture you see. Children are also defending people they love they don’t know what’s in their best interest we are here to protect them first and foremost.”

M.E: What about participation in case conferences do you think it’s important for parents, children and foster carers to attend?

Elisa (Social Worker):

“Yes, and in this case the grandmothers been to one, she didn’t seem to understand what was going on and when we asked her if she had anything to say she got all flustered she’s sixty odd. The children in this case are too young to understand what’s going on anyway there was no point in them coming.”

M.E: Was there a written agreement in this case?

Elisa: No there was no point one parent was in prison and one was in a psychiatric hospital at the time.

There was a letter in the case file that the mother had written from prison stating that she wanted all of the siblings to stay together. Her reason she said was so that it ‘would be easier for everyone to get on when she was released from prison’ the letter was dated before the children were freed for adoption.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and continuity of Sibling Relationships.

As has been shown above, the social worker in this case would have preferred a placement for all three siblings together. Paul's behavioural problems were highlighted as being problematic in terms of finding a placement for all of the siblings together.

Elisa (Social Worker):

"I feel quite strongly that where possible children should go together. Although lots of people think simplistically, well they are brothers and sisters they ought to be together, sometimes the needs of the children actually over-ride that, because they are blood kin doesn't necessarily mean that they need to live with their brothers and sisters. They might have needs that conflict and then wherever you place them those needs can't be met so it might actually be detrimental sometimes

M.E: Do you think that it is largely a resource issue or is it more a matter of policy?

Elisa (Social Worker):

"I can't really comment on that Marion because I don't have a vast amount of involvement with the placement side. I would think it was probably resources. It may well be that you get a group of children in and the reality is that there are two beds in this home and there's another bed in that home and that is how they're split up. I don't think anybody thinks well maybe if we could squeeze the kids up a bit it might be possible for them all to go. So I think it is more a resource thing. . I do think we could make more use of small residential units to keep siblings together."

(4) The Availability of Specialised Placements able to Accommodate Sibling Groups and the Relationship to Planning for Continuity

The social worker in this case identifies resource pressures as largely dictating a pragmatic social work approach in the placement of sibling groups. Above, the social worker signposts her view that small residential units may be useful in enabling sibling groups to remain together in some instances. She goes on to identify the usefulness of a specialised placement in this case within sibling continuity planning.

Elisa (Social Worker):

"In this case I think it was difficult to find a placement that could accommodate all three children. Paul does have behavioural problems. In that sense I think

that we would have needed a more specialist placement to keep the children together.”

(5) Overarching Legal and Policy Frameworks

The degree of information given to a looked after boy, his grandmother and his two sisters who had been freed for adoption was negligible and feelings of loss experienced by the 11 year old boy were described by his grandmother as being severe.

The issues raised by this case study centre upon the rights of looked after siblings, in relation to contact with their adopted siblings. Partnership between social workers, parents and looked after siblings in sibling continuity planning through adequate and frequent contact may depend largely upon the wishes of the adoptive parents. Most significantly perhaps in this case professional assessment in relation to the importance of continuity is guided by a lack of specialised placements for these children. Any semblance of partnership here was mitigated by the service led nature decisions, which were taken in this case. The pragmatic approach to sibling placement and contact taken by the social worker was also heavily related to lack of resources. Beihal et al. (1996) argues that the service led nature of provision has important implications for care planning generally, arguing that social workers may

“sometimes be under pressure to fit people’s problems into the particular services their departments can provide.”
(Biehal et al.,1996:p.114)

Adoption, and particularly the separation of looked after siblings as a result, raises key issues in relation to principles of partnership and parental and children’s rights.

Case Study Three

Case Profile and History

This case involves a group of three siblings Jenifer aged 7, Samantha aged 10 and Ian aged 4. The reason for entry in this case is ‘parent unable’. There are no child protection issues.

(i) Fathers Account

Jeff (Father):

“It all started when Sandra was taken into hospital. We didn’t know what it was then; she was in a lot of pain that night. I remember phoning the ambulance, God it took bloody hours and all she could say was look after the kids for me Jeff over and over I think she thought she was dying or some’t. It turned out she had a tumour in her stomach like, they operated on it they think she’ll be all right now. They are saying they might let her out in a few weeks time. Anyway that was it; I knew that while she was in hospital I was on me own. It was all right at first but then I think everything got on top of me. People were all right you know, sympathetic but after a while I felt as if people were watching me to see if I could look after the kids and that, I’ve never felt so alone in my life. There’s no one else you see both my mam and dad and the wife’s mam and dad are dead. I’ve got me sister but she lives in Devon. Anyway one night the police came to say that Ian had been seen in the middle of the road in his bare feet. He’d only been out playing for about half an hour. I remember I was shaking when they left I thought that was it. I thought they were going to come and take my kids off me and that would be it. I never slept all night. Anyway a couple of weeks later I got a letter from the social services asking if I needed any help with the children. A week later I got another letter saying they’d like to pay me a visit. I got past myself with worry like. I had no one to talk to. On the day she came I had the house immaculate anyway she told me they’d had letters from the school saying that Samantha and Jennifer were always dirty and didn’t dress properly and that. It was as if she couldn’t see that I didn’t have enough money coming in. Inside I knew she was right but I wanted to keep the kids I was so frightened of loosing them. When she said the kids would just be with a foster family for a short time until Sandra got better I believed her she said we would write out a form on what we had agreed like you know that the kids would come home at weekends and they would all stay together until Sandra was home and we could cope again. She came back with the form and said she found somewhere for them. The day the kids went I thought me heart was being ripped out of me body but when they came home that weekend they looked all right. They are coming home soon after Sandra settles back in after hospital, as soon as she’s well enough.”

(ii) Social Workers Account:

Helen (Social Worker):

“There wasn’t really a protection issue in this case. Paul just couldn’t cope with the kids on his own for one reason or another. He just needed some support until his wife came out of hospital. I wanted him to know that no one was blaming him. He thought he’d let his wife down. He always seemed depressed when I went to visit him. He needed a lot of reassurance. When we told him we had a foster family who could take all three he seemed really relieved. It took a while for him to begin to trust me, but when we made up the agreement together and we worked out what his needs were it was fine. After that it was really important to him that the children remain together and that he saw them every weekend. The children are due to return home in about five week’s time providing his wife is well enough.

(1) Definition of Continuity

The social worker and the father in this case shared the same underlying notions in relation to continuity in this case. The motive for both was rehabilitation rather than permanency and the placement of the siblings together was important to both the social worker and the father in this case. Weekly contact with the father was arranged by agreement.

(i) Helen (Social Worker):

“We were very lucky in this case I knew there was a short-term placement available before I visited the father. It’s usually extremely difficult to place three siblings together. We just happened to hit upon the right placement at the right time. I’ve had cases (pause). . This doesn’t go any further does it?”

M.E: No everything is anonymised

Helen (Social Worker):

“Well I have had cases where I’ve known that all that was needed was support you know, accommodation. But in order to gain access to any placement at all I’ve had to say that there were child protection issues involved and go for a court order. Since the Children Act it’s more usual to go for an interim care order. I must say it does get to me sometimes that I have to do this but if we didn’t some of these families would be left high and dry. Really I suppose if we haven’t got the placements available, you know where we can’t accommodate children, because accommodated places are given such a low priority we should just say that well in this case the children’s needs are unmet.”

M.E: What are your views about continuity in relation to the placement of sibling groups?

Helen (Social Worker):

“Siblings should be placed together unless there are really compelling reasons in the personalities of the children themselves for placing them apart, even then I think they should have some form of contact, that’s what continuity is all about really. Really I suppose when we can’t do this then once again the needs of the children are unmet, because the need to stay in contact with the natural family and in some cases particularly with siblings is vital to the child being looked after or accommodated. Having said that it’s very very difficult to plan for continuity. There are so many uncertainties, you don’t know what kind of placements are going to be available, you don’t know if the foster carers will definitely be able to cope with a sibling group, particularly if one of the siblings has special needs or behavioural problems or

something like that and when it comes to contact sometimes if your not really involved in arrangements, contact between siblings can just go by the way. Some foster carers are not keen on contact with any member of the natural family because it disrupts things for them, but I think it's so important. I think from the cases I've had it seems to be more important in cases where there are real child protection issues because usually siblings involved in these cases have been through hell together and when you've had someone by your side during such a traumatic experience its very hard to let go, the separation from your sibling is another trauma I suppose. Its really ironic because these types of cases are usually the ones where there are presenting problems in terms of the sibling relationships. I just think that there is so much anger there sometimes that they have to show it to someone who they feel safe with. This case worked out well though it all went how it should have we had a written agreement and everything."

(ii) Father

M.E: Was it important to you that the children remained together?

Jeff (Father):

"Well yes, I mean even though I knew it was only going to be for a little while until Sandra got out of hospital, I knew they needed to be together, because when they came home they still needed to be able to get on. I didn't want any fighting and that when Sandra came out of hospital. I think it would have been very lonely and frightening for them if they had been split up. I knew they were coming home every weekend but it's still not easy for them.

(iii) Rachel: (Foster Carer)

M.E. Do you think continuity in terms of contact between brothers and sisters is important?

Rachel (Foster Carer):

"Sometimes the brothers and sisters just don't get on you know, and it's hard but I've had cases where the social workers said to me this is a difficult case. There are behavioural problems and such like, but when you actually get the children together and try to find out what's going on, its often just that they need time to adjust, you have to understand what some of these children have been through. I know with Samantha, Ian and Jennifer it was easy really that they just needed a place to stay for a while they hadn't really been through anything bad. They missed their dad all right and were always worried about their mam. I used to take them to see her in hospital. It meant a lot to her you know them being together and all that. So yea, it is important it should be worked at I am only a short-term carer but I still try hard for these children."

(iv) **The Children**

Samantha

M.E. Are you glad that you all went to the same foster home?

Samantha: (pause, thinking)

“I didn’t want to leave dad, but once we knew we would all be together, we knew we’d be all right. I was still a bit frightened but we knew that we had each other and that our family wasn’t being split up or anything. Mam’s coming out of hospital soon isn’t she? Helen said we’d all go home once mam went home.”

Jennifer

M.E: Are you glad that you all went to the same foster home?

Jennifer: Yea, I didn’t want to be on my own, Sam said that we are all going home soon when’s that then?

(2) **Definitions of Inclusivity and Partnership**

(i) **Father**

M.E: When you talk to your social worker do you feel you are being listened to?

Jeff (Father):

“Yes, I think she’s straight with me like. She tells us how it is. I mean she told us that once our lass was better the kids would be coming back home and they are. I felt better once we had wrote it all down as well I knew where I stood then she put everything down on the form and we both signed it.”

(ii) **Social Worker**

M.E: How much importance or value do you place in balancing out different view points in terms of the parents, the carers, and the children. Would you place more value on one member of this group than another?

Helen (Social Worker):

“Thinking about it, I tend to place more emphasis on the views of the children than anybody else, because that’s what this job is about isn’t it. I do try to balance out everyone’s view but everyone’s got their own agenda parents see their problems the way they see them. There is always a context to be considered I suppose that goes for everyone. What I do think is important is that everyone knows what is going on, that everyone has access to information especially the parents otherwise you loose their trust and once that happens, well it’s difficult to get their co-operation in terms of care planning. The main thing I suppose is to be straight in terms of what’s possible and

what's not, you know if we don't have the resources to keep siblings together we have to be straight with them and tell them, otherwise they think you're ignoring them.

M.E: What do you think are the most important aspects of partnership?

Helen (Social Worker):

“I think to let everyone know what's happening and to try to reach decisions through agreement where possible, written agreement. Sometimes, it's very difficult to share power equally, you know if a professional judgement has to be made in favour of a child's best interests then you have to do that. But that does not then mean that the parents are excluded from care planning. I suppose thinking about it when you're talking about placing siblings, the parents should have every right to say you know we want them together or we want them to have frequent contact. Partnership in those decisions is important especially when the short-term or long-term plan is rehabilitation. It's then that you really have to work with the parents. I suppose it's less vital when the plan is permanency or adoption. In a way I suppose that's why it was so important to work in partnership in this case. We knew the mother was going to be out of hospital in the short term and so the family could function normally again, we were concerned to reach agreement and keep the siblings together. I have had cases involving care orders or interim care orders where it's very very difficult to gain the trust of the natural parents. It's almost impossible to develop written agreements in such cases. Its different though I mean in most care order cases we go for permanency whether long term foster or adoption, so agreement and involvement of parents is not as critical as it is in rehabilitation cases

M.E: What about inclusiveness in terms of decisions relating to frequency of contact between siblings separated in care?

Helen (Social Worker):

“Obviously, even if there is a care order and they are in permanent placements we do talk to the parents about contact between their children, it's a matter of respecting the fact that they are the natural parents. At the end of the day though if they are in permanent placement s it's really more up to us as professionals to make decisions about and organise contact between siblings.”

(iii) The Children

Samantha

M.E: Samantha do you feel you can talk to Helen (Social Worker) all right?

Samantha: She's nice, she always wants to know if I am all right and what's going on at school and that and when I ask her she tells me how mam is.

M.E. Do you think Helen takes notice of what you say?

Samantha: Well I once told her I'd like to visit the hospital more often to see mam and the next week we went twice instead of just once every two weeks.

M.E. Do you think that if you asked her to change anything she would?

Samantha: Well we see mam more often now, so she does listen doesn't she.

Jennifer

M.E: Do you know Helen, (Jennifer nods) do you like talking to her?

Jennifer: No I can't be bothered I just want to go home

M.E: Do you think she takes any notice of what you have to say?

Jennifer: She just talks to me because she has to. She takes us to see mam though. When's mam coming out of hospital?

M.E: Do you think if that if you wanted to change anything, Helen would do it?

Jennifer: I told her I wanted to go back to dad but we didn't. She's not bothered about me.

(iv) The Foster Carer

M.E: Do you feel that you're social worker takes notice of your views?

Rachel (Foster Carer):

"I really think she does. When Samantha told her she wanted to see Sandra more often in hospital, I told her that all the children kept talking about their mother and worried about her a lot, I mean a lot. You know they were always asking me about what she had and when she would be better. Anyway, soon after that Helen started taking them at least once a week instead of once a fortnight and I know how busy she is."

M.E: Do you think you have enough say in decisions that are made about the children?

Rachel (Foster Carer):

"Well day to day decisions, yes like I was allowed to decide about Samantha starting music lessons, and that I know Jeff was pleased when he found out. I wouldn't just go ahead and make them join our church or anything that's not my role here.

A written agreement signed by the father, mother and social worker was included in the case file.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

In this case, the social worker involved had a commitment to the maintenance and continuity of the sibling relationship which, she was able to demonstrate by placing the children together. Her view of the importance of this seemed to lay in the fact that the placement was short term and the purpose was rehabilitation. It was interesting to hear her views that continuity in terms of sibling relationships was not as important where placements were permanent.

(i) Helen (Social Worker):

Helen: I suppose thinking about it, when you're talking about placing siblings, the parents should have every right to say you know we want them together or we want them to have frequent contact. Partnership in those decisions is important especially when the short term or long term plan is rehabilitation; it's then that you really have to work with the parents. I suppose it's less vital when the plan is permanency or adoption.

(4) The Availability of Specialised Placements able to take Sibling Groups and the Relationship to Planning for Continuity

In this case a placement was found to 'accommodate' the whole sibling group. The social worker in this case did however comment that where this was not possible because of the prioritisation of provision she has in the past designated child protection issues and utilised care orders or interim care orders in order to gain access to resources.

Helen (Social Worker):

"Well I have had cases where I've known that all that was needed was support you know accommodation but in order to gain access to any placement at all I've had to say that there were child protection issues involved and go for a court order. Since the Children Act it's more usual to go for an interim care order I must say it does get to me a bit that I have to do this but if we didn't some of these families would be left high and dry. Really I suppose if we haven't got the placements available you know where we can't accommodate children because accommodated places are given such a low priority we should just say that well in this case needs are unmet."

(5) Overarching Legal and Policy Frameworks

(i) Social Worker

M.E: In terms of intervention do you think that there is a wider role for financial intervention within social work practice?

Helen (Social Worker):

“I don’t know really, in this case, the family was living in a very run down area and in very poor housing. I think this made things more difficult for Jeff when he was left on his own with the kids. I do think that there is a place for a more sort of coherent approach between agencies like social services and housing and benefits really it makes sense doesn’t it and the Children Act does encourage prevention and working together.”

M.E: Do you think partnership can work given the resources?

Helen (Social Worker):

“Do you know that’s so difficult to answer Marion. Every case is different, in some cases I don’t think it would ever be possible. Mind you, cases like that are in a minority. In some cases there might be the possibility of partnership but establishing feelings of trust with the parents are just so difficult, especially when its a court order or an interim order. Once they’ve been through the court they seem to think we are going to be against them all the way. Sometimes they come round, but not very often. I do think that sharing of information and written agreements are a good way of developing trust and partnership.”

M.E: Do you find that in your own experience there is any difference between the way in which accommodated and long term care order cases progress in general. I am thinking particularly in terms of co-operation in decision-making, or do you think it’s just about the nature of the case.

Helen (Social Worker) :

“Well as I’ve just said, and as this case shows its much much easier to gain trust and co-operation with parents when you’ve got an accommodated placement which they know is short-term. Even in long-term placements, there seems to be more co-operation when the children are accommodated than when they are on some sort of legal order.”

Case Study Four

Case Profile and History

Foster Carer

(i) Heather (Foster Carer):

“I had an Asian girl, who was going to be adopted, but a week before they left they asked me if I would take a baby, but they said he had problems. He had been born with an imperforated anus and had to be dilated twice a day and that was something that not every one wanted to take on it was not very pleasant and they asked me if I wanted to take this little boy and he was three months then. Initially it was for four weeks and that was over four and a half years ago we have had him since. They told me he had a twin brother who was also in foster care. I would have liked to have met the other foster carers but they didn't seem to think it was important. The social worker said Gary would probably be put up for adoption. I don't really know why it dragged on. It was decided that the aunty was unsuitable for him and with the grandparents there was a lot in the background which had to be looked into. So anyway the grandparents only had access to him for an hour a week. When he was about seven months, it was decided that he would be placed for adoption, or they would attempt to. Then mum turned up again at the instigation of the grandparents. She started to have access to him I was against that, she had alcohol problems. Mum was told that she wouldn't be allowed to have Gary or Ian, his twin brother. She had been to the Steiner unit for assessment with the babies but they said she just couldn't cope with them. Anyway the grandparents stepped in then and said they wanted to take both twins. The NSPCC started to do a series of assessments with the grandparents but they wouldn't co-operate. They refused to answer questions about their past so that was abandoned until they went to the High Court and it was decided that there was no way that they could have the boys, they had allegedly sexually abused their own children who had been taken into care. Why they were considered for two years I don't know. Gary's had a bad time he's just been put up for adoption somewhere in Kent, I offered to adopt him, well he thinks of me as mum now really. They've said they don't want me to stay in contact with him. Its devastating for me all this, it's like losing your own child. He is five next week.

(ii) Social Workers Account

Murial: (Social Worker):

“I haven't got the file with me. We were hoping to place Gary with adopters when he was born really but we couldn't do this for medical reasons. At one time we were hoping to place him with his grandparents, but we had concerns about granddad who was a schedule one offender who had abused his daughters. We were desperate to get a schedule two we followed through with the mother. She thought that Gary had already been adopted someone said they would follow up on the father for me. So I just checked on one or two things, on schedule two and found that one or two things didn't correspond with the file, (agitated tense, staccato speech) the father had had contact with the child. He had now agreed with the adoption but he wants a photograph of him before he goes to Kent. We have photographs of his adoptive parents would you like to

see them? (assistant shows me the photographs). The mother in this case is hopeless we had her at the Steiner unit she couldn't cope with the twins. She's an alcoholic."

M.E: Will Gary ever be made aware that he has a twin brother?

Murial (Social Worker):

"No, it's not necessary now he's being adopted. There are other children in the adoptive family. Anyway his twin brother Ian has already been adopted; he is living in Norwich. I suppose he will eventually have the right to know but it's not in his best interest at the moment he needs to feel secure in his permanent placement."

M.E: Will Gary have any contact with his mother or father or previous foster carer following adoption?

Murial (Social Worker):

"We will only allow letters and photographs, though really we will discourage this in this case. The previous foster carer was a strange lady, single parent, actually we had an allegation from a boy which she fostered ten years ago and the NSPCC are investigating. She's very anti- natural families, she's done a marvellous job but she's very martyish. She seems to think that Gary had a lot of problems."

(1) Definition of Continuity

The foster carer and social worker in this case both defined continuity for Gary in terms of permanency planning. The mother's ability to cope with Gary and his twin brother together had been assessed in a Steiner Unit for six weeks and it was decided that the mother in this case would not be allowed to look after the twin brothers. Whilst both the social worker and foster carer agreed on adoption as a way forward for Gary, the foster carer felt that she should remain in contact with Gary after the adoption. Contact between Gary, his natural mother and father and previous foster carer was to be limited to letters and photographs. Significantly, Gary would not be informed that he had a twin brother, as this was also not in his 'best interest.' The sibling relationship was not regarded as important to his well being. Issues here centre upon children's rights and the adoption of an ecological approach in social work practice. Permanency planning can take account of both issues wherever such consideration is not detrimental to the child's well being or involves any risk to the child. In this case the separation of the twins was described by the social worker as being primarily due to Gary's special needs. Subsequent planning did not allow any scope for the

development of the sibling relationship at a later stage in the brother's career in care. Gary's special needs were of concern to the foster carer,

(i) **Heather (Foster Carer)**

Heather (Foster Carer):

“He had a lot of problems when he first came to me. His head rolled, his eyes rolled. He couldn't control his head so I asked to see a paediatrician. They decided there was definitely something wrong so I took him to physiotherapy for a year and worked really hard with exercises with him and by the time he was one he could reach for things and was able to take a few steps. When he was four he went to a school nursery, they didn't seem to understand he had special needs. I had to fight to get him into an assessment class. He came on leaps and bounds after that.”

The therapeutic environment, which Gary did eventually receive for his special needs, did not run in parallel with any contact with his brother. In contrast there were several cases in the Danish cohort involving children with special needs who were separated in care. In these cases contact between the children was very carefully planned. Pace case C2, Ch. 6, involving twin brothers who both have special needs as a result of foetal alcohol syndrome. In this case the professional foster placements were carefully chosen for their proximity to each other and the carers involved were sisters who were qualified to look after children with special needs. The case manager in this case described the deliberate aim to keep the ‘bonds between the two brothers strong.’ In addition there was a long-term plan for rehabilitation, through support and rehabilitation of the mother who was an alcoholic. The comparison between care planning in the British case and the Danish case is interesting not only in terms of continuity planning between the brothers and their mother but more pertinent here is the pro-active commitment shown in the Danish case to sibling continuity for these special needs children. The ramifications of this lie in the arena of children's rights and also in the translation of policies underwritten by an ecological approach. If it is recognised that for looked after children, as for all children, there is an implicit right to sibling bonding except, in such cases where a risk is posed to the child. For younger siblings in particular, there is an onus on social work professionals to be pro-active in promoting sibling continuity. Moreover, the ecological approach recognises that it is impossible to effectively help children

without taking into account their origins, family networks and cultural environments. The involvement of looked after siblings, as part of the care process is integral to this.

(2) Definitions of Inclusivity and Partnership

(i) The Foster Carer

For the foster carer in this case feelings of exclusion centred on a perceived lack of support other agencies:

Heather (Foster Carer):

“Gary is getting support now but I had a long time when I had no support, I had a year when I had very little contact even with the social worker. So there was very little support there. It’s very difficult because you don’t have rights you don’t have the same rights as a parent so that you can get the child in your care to be seen by the experts. People tend to fob you off, people say well that’s your social workers problem if you go to the school. I fought for a year to get Gary in an assessment class and it’s been hard work. I felt like I was left in the middle of all this on my own again struggling with the school writing him off as a naughty boy. The school nursery teacher said to me one day this is a problem child and I said no this is a little boy with problems. I did have some help initially from the educational psychologist and that was very good, she loaned me tapes and everything. But that stopped so I went back to the GP and he said well ask the paediatrician and he says well I’ll have a word with your social worker. There are too many people involved in the end and everybody is passing you on to somebody else and everyone is writing reports and in the end nothing’s been done because in the middle of this is the child who is getting no help at all. What I should have done is ring the education department myself, and say right what can you offer me for this little boy. The fact that he was a foster child shouldn’t have come into it, but it does. The headmaster of Gary’s school said to me, we have to think of the children who live here and I said excuse me Gary has lived here since he was three months old.”

For the foster carer in this case such feelings of exclusion within the community extended to herself:

Heather (Foster Carer):

“I find prejudice against me not so much against the children because people think foster mother, a little fat dumpy homely woman who can’t really do anything else all she can do is mind kids. They don’t think that you can be a person with an education and an active brain and I have put an awful lot into fostering. I take children with problems and I do a good job, I work very hard at it. It is not easy and if you were unintelligent you couldn’t do it because you couldn’t understand what these children go through.”

These feelings of exclusion, both in terms of multi-agency involvement, and support from the wider community are important, in that feelings of inclusion and of being valued for the work you do may have an impact, not only on the well being of the foster carer, but also upon the child. The foster carer in this case comments on the lack of training available:

Heather (Foster Carer):

“When I began fostering children there was no training available. Well now there are courses but I mean they are only for a few weeks they do not prepare you for the job you have to do.”

The case files included several letters from the foster carer requesting specialist support.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

The decision to place each twin brother in separate adoptive placements at some geographical distance apart, and without their being aware of each others existence is symptomatic of a view that effective permanency planning can only occur when a child's natural ties are severed completely. Importantly in this case, letters and other correspondence were to be the only form of contact with the brother's natural parents and with their previous foster carer. Clearly everyone involved would have to agree that the twins would never be made aware of each other's existence.

(4) The Availability of Specialised Placements able to take Sibling Groups and the Relationship to Planning for Continuity

The foster carer in this case did not feel that she was given the support she needed to cater and provide for Gary's special needs. There is recognition in the Children Act of the need to provide for the needs of disabled children in the community. The provision of specialist placements for children with special needs would be relevant as a therapeutic environment. Care planning would also be facilitated by such provision, in allowing congruity between the

provision of a tailored and therapeutic environment, and carefully planned sibling continuity through contact within appropriate environments.

(5) Overarching Legal and Policy Frameworks

Contextualised within a social policy framework which is needs based, this case illustrates the degree to which important facets of children's rights can be neglected in provision for looked after children. It is undoubtedly significant that conversations with the social worker and foster carer in this case tended to centre upon definitions of the adequacy of the placement and placement services. Interrelated issues, surrounding the involvement in the care process of the natural mother, father and looked after twin brother were only raised as a result of prompting. These aspects were seen as peripheral to the care process. Critically, once the proficiency of the mother in caring for her twin boys had been negated, the definition of need for Gary seem to rest largely with the foster carer. The needs defined by the foster carer were clearly not met and there was a clear absence of a co-ordinated multi-agency response. Questions of resourcing and organisation emerge here. More cogent perhaps, the foster carers feelings of being under-valued and under trained perhaps emerge to counter arguments against the professionalisation of foster care. Specialist provision for very young children may be given within a foster setting as a more appropriate setting rather than in small-scale residential or medicalised units. As has been seen in the Danish case study C2 such provision has significant impact on sibling continuity planning in allowing contact to occur within appropriate settings with appropriately trained specialised trainers. These issues are underwritten by issues relating to differences in resourcing between the British and Danish cohorts but also to the way in which placement provision is defined within care planning. The place of specialist placements is central to care planning in Denmark. Therapeutic environments may act as long term, short term, respite or bridging placements, their purpose tailored to the needs of the individual child intrinsically takes account of involvement of the natural family network and more specifically looked after siblings in the care process and in care planning.

Case Study Five

Case Profile and History

(i) Mothers Account

Anne (The Mother):

“Can I tell you what happened you know with Jason first? Well when Jason was born I could see by the expression on the midwives face that there was something not right, I didn’t ask I just waited but after a while the silent looks between the doctors and midwives became too much. Eventually a midwife came to my bed drew the curtains round and told me that Jason had Downs Syndrome. I was relieved in a way I thought it was something much worse. John my husband brought Sam and Jenny to see me that afternoon, cards, chocolates and the children were really excited. Anyway I sent them off to get some juice out of the machine and I broke the news to John. I’ll never forget the look on his face. He didn’t want to know, Jason was my baby now he wasn’t interested. At home things just went from bad to worse with the relationship, John went out most night with his mates. I felt stressed up a lot of the time. Jason was a good baby but it was just being on my own and Sam and Jenny always asking when’s dad coming back. Not ever having any money was hard for me, I remember one of the mother’s from the school said she’d buy my old pram for five pounds. I had nothing that day and I wanted to buy the kids something nice for after tea I sat and looked out the bedroom window I waited and waited for her but she never came. The income support was in John’s name he just used to spend it on himself mainly. I was a single parent really. I didn’t have anyone to talk to about it. I suppose I just began to give up on life soon after that. I went to the doctors and he put me on anti-depressants, he wasn’t interested in anything I had to say you can tell when people aren’t listening can’t you. They nod their heads but their eyes are somewhere else. I didn’t think the anti-depressants really worked they just made me feel sort of out of it you know not in control. Anyway, one evening last March I’d just bathed Jason and he fell asleep on my knee so I put him to bed and put Jenny and Sam in their pyjamas. We were all watching the tele and I must of fell asleep. The doorbell woke me up and it was the police with Jenny and Sam. I couldn’t believe it, the police said that they were found running around in the park in their pyjamas it was ten o’clock at night. I was shocked, really shocked they must have climbed up to the cupboard where I leave the front door key and let themselves out while I was asleep. I got a letter from the social services saying they wanted to come round and see me, they came earlier than they said, the house was a bit of a mess. They said they had concerns about the kids and that the school had said that they were always dirty and that. I was upset. Anyway they left and things went from bad to worse after that. One day, two social workers arrived at the door and eventually asked me if I wanted respite care for Jenny and Sam. I said no, I was frightened, anyway they said that the school and the health visitor had contacted them again and they thought the children were being neglected. They said they were going to get a care order out. When the children were taken from me it was like there

was no point in living for me, some days I look at Jason and wonder why everything went so wrong for our family. Jenny and Sam have been with their foster carers for about eight months now. (pause upset) . . .I only see them once a week, Jenny's foster carer doesn't like me and Sam 's foster home is twenty miles away."

(ii) Social Worker's Account

Tanya (Social Worker):

"This case was first referred to us by the police who found Jenny and Sam wandering around in their pyjamas at eleven o'clock at night. There were other reports from the school and from the health visitor about the general well being of the children. The school nurse said that the children were well below average for their age in weight and height measurements. Jenny showed signs of being undernourished. We were concerned about the general health and welfare of the children. When we visited the house it was in a terrible state, my colleague went into the kitchen to help to make tea and noticed that there was barely any food in the cupboards or in the fridge. The kitchen was extremely unhygienic. The children were very poorly clothed and were grubby. Jenny repeatedly complained of stomach aches at school and Sam often fell asleep during lessons. The mother was suffering from depression at the time and she admitted that she was finding it hard to cope. Despite our concerns mum would not agree to the children going into respite care we really had no alternative. We went to court and an interim care order was granted on the grounds of neglect. Our aim was to keep the children together however there were no suitable placements available at that time and so the children have had to be placed in separate foster homes. It's far from ideal but when we do find a suitable placement the children will be placed together. We do not envisage these placements as permanent at the moment, but we will have to re-assess the mother's situation in the near future, she has problems with her partner."

(I) Definition of Continuity

(i) The Mother

The perception that her children have been "taken' from her permeates the mothers view of her children's placement in foster care. Continuity for her really means their return home:

M.E: What changes would you like to make in terms of placement or contact arrangements?

Anne (Mother):

"I just want them home. To see your own children for an hour a week it's a real punishment. I didn't deserve that, none of us do, you should see them when I leave Jenny cries and clings onto my leg and Sam just bows his head turns and runs upstairs he can't even say good-bye to his own mother."

In terms of sibling continuity the mother in this case feels that little consideration shown has been with regard to the relationship between Jenny and Sam:

Anne (Mother):

“They didn’t want me to see them together I don’t know why. Something about it being too complicated. They said they would make sure that they would see each other at least once a week like at weekends or something, but when I asked Sam the other day he said he hadn’t seen Jenny for five weeks. It has affected them. It was enough of a shock being taken from me and their friends but to be separated from each other. Jenny thinks she’s been a naughty girl and keeps saying she’s sorry and will I take her home. It’s heartbreaking for me. Sam thinks I don’t love him anymore sometimes he doesn’t speak to me we just sit in silence. I don’t know what he is thinking. It used to be different, we all used to laugh together Jenny and Sam used to play well together. I mean they didn’t have a perfect relationship but they were together a lot considering they were brother and sister. Jenny used to play football with Sam they used to come home up to the eyes you know as children do I used to bath them and put them to bed happy. Why did it have to change?”

The lack of contact between Jenny and Sam is difficult to justify. As the social worker in this case points out resources are an issue in this case.

(ii) Tanya (Social Worker)

“I am dealing with a number of cases at the moment I just don’t have the time to organise weekly visits for these children. You have to prioritise your work and protection cases come first. I do think it’s important that Jenny and Sam stay in touch they are brother and sister but its not top of my list.”

The placements are described as short-term and the case is to be re-assessed in the light of the mother’s circumstances. The lack of sibling continuity planning in this case is reflected by the infrequency of contact between the siblings in care.

(2) Definitions of Inclusivity and Partnership

(i) The Mother

As the following extract reveals the mother in this case is really unclear about the rationale for the decisions which have been made:

M.E. Do you feel you have a say in decisions which are taken about Jenny and Sam?

Anne (Mother):

“I can honestly say that everything that’s happened to Jenny and Sam has happened because social services decided it was best for them. They never think about well what’s best for the family as whole, my opinion didn’t enter the equation, I was wrong to tell them I couldn’t cope, you do that and you’ve lost, that’s it they’ve got their evidence. They just wanted to justify taking the children; they weren’t interested in our problems as soon as I mentioned money they seemed to switch off. If I could just get someone to listen to me I don’t know what to do now that John has left me. The income supports in his name, I am only getting my family allowance can you tell me? . Things would be easier for me if I had enough money to live on, I think things would get better then. I do want to look after my kids the way they should be looked after I just need a little bit of support and advice. I know I let things go a bit, I got really down. The baby’s doing well, the health visitor said he was coming on a treat. Its like all my energy goes into just staying afloat. I find it hard to think sometimes. They start asking me questions and I can’t think I need more time I need someone to listen.”

M.E: Have you ever attended a case conference?

Anne (Mother): Yes I did once but I was embarrassed really, I couldn’t understand what they were on about most of the time.

The case files included a letter from Sam. In the letter Sam said that he wanted to go home he also asked why he was not allowed to see his sister.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

Resources Issues were raised by the social worker in the case in justifying the lack of contact between these siblings in care. Prioritisation of tasks meant those cases involving protection issues came top of the list in terms of time allocation. The maintenance and continuity of sibling relationships was not seen as a priority area, despite the possibility of rehabilitation in the short term. Importantly, the social worker was pro-active in terms of planning for a future placement for the siblings together. The children’s current placements would act as bridging placements to their being placed together if permanency became the plan for the children.

(4) The Availability of Specialised Placements able to take Sibling Groups and the Relationship to Planning For Continuity

The siblings in this case were separated initially as a result of the lack of an available placement to take a sibling group. The lack of such placements hinders effective planning for sibling continuity. In contrast the availability of professional foster placements in the Danish cohort ensured that sibling groups without specific individual needs could be placed together.

(5) Overarching Legal and Policy Frameworks

Issues arising in this case centre upon partnership and inclusion in the care process, the balance between prevention and protection, and resourcing. Social work and health professionals in this case largely formulated definitions of need. The mother felt that her social worker was not interested in her problems, which she defined as being financial. The mother in the case was not given any advice or support in relation to her income support situation. In contrast, such advice and support would have been a central task of social work professionals in Denmark. Sibling continuity planning was not a prioritised task of the social worker in this case. Reasons for this may be related to low levels of resourcing both in terms of transport costs and in terms of time available for this task. More broadly however the social worker in this case commented that cases which involved protection issues were a top priority. The balance between child protection and placement provision and services clearly has an impact here upon a pro-active commitment to sibling continuity planning.

Case Study Six

Case Profile and History

(i) Mothers Account

Laura (Mother):

“Carl had his first brush with the law when he was eleven. At the time I thought you know, he’s been in the wrong he’s had a shock, he’ll be all right now, it ‘s just a phase like, but it weren’t. His dad wasn’t really bothered, that was part of it I think, looking back. Carl was like looking for attention saying come on Dad have a go at me, you know do something I am your lad like. Carl was always looking for attention from his

dad, when he did get it; it was usually a slap or something. He was first picked up for TWAKing you know, taking without consent, eleven-year-old and he was caught driving at seventy miles an hour down the high street. He was always hanging about with the wrong set like, always up to no good I tried to keep a track of him, I tried to lay down the law but it didn't work. Joe, my youngest was so impressionable he used to think of Carl as some sort of god you know it was Carl this, Carl that, all the time. Joe first got into trouble when he was about ten, just a little bit of shoplifting I am sure Carl put him up to it. When they were little it was all right our family, Bill, my husband took more of an interest then, he worked at the steel works it was different. He lost his job, and he just switched off, someone just switched all the lights out inside his head and he wasn't bothered after that. I remember one day he said to me that it we shouldn't have children if we were on the dole, there's now't for them, now't for us, now't to look forward to. It was hard for him you know not being able to afford proper clothes and toys for them. I sometimes think Carl might not be living away from us if we'd had money like. Carl always wanted to be the same as his friends to have what they had, he started thief'n when he was nine. I am not saying it weren't wrong like. He was always saying he was bored and there was now't to do now't for him. He only had his mates it was depressing in the house Bill was always moaning about some't or other. I did try to stop him you know with the crime and that but it's like trying to stop a train wants its moving you need something big to stop it from gather'n speed like. Carl got involved in burglaries and that when he was thirteen; he'd been expelled from school and was doing it during the day. Anyway I noticed stuff in his bedroom and when I pulled him up about it he just said it were none of my business, Joe told on him, they didn't get on from that day. Carl started picking on Joe and Joe gave as good as he got he was a big lad for all he was two years younger. Anyway one day Joe really hurt Carl we had to take him to casualty he broke his nose like, I got a letter from social services saying they wanted to come and see me. When they came I remember thinking someone else is going to help me with the lads, they said the lads could go to live in a special residential place like, Carl was fifteen, Joe was fourteen at the time. They decided to put them in separate places because of their fighting you know. They have been there for ten months now.

(ii) Social Worker's Account

Fiona (Social Worker):

We had referrals from the police and the school for both of these boys. When you get them on their own they are really quite sensitive intelligent lads, but they just got involved with crime at an early age they got in with the wrong crowd. When they came into care the brothers had serious problems with their relationship. We couldn't place them together, I placed Carl in Linborn house, it used to have quite a reputation, I remember the first time I went in the place eighteen years ago, my first sight was two children with dust cloths tied to their feet, polishing the corridors. Its changed a good deal since then, for the better I might add. Carl and Joe don't see each other all that often but they have been writing to each other. I was suprised to find out how often they did write to each other. We've got Carl interested in one of our youth projects, he's busy helping to renovate old cars, we've paid for driving lessons for him and he'll take his test soon. Joe's case is a bit more problematic; he's emotionally disturbed really he needs a lot of support it's good that his brother writes to him. Joe's taken more of an interest in school. He does well at things like art and design. We are

planning for rehabilitation just now but really we will just be sending them both back to the environment which created problems for them. Although I must say the mother has been really involved in case conferences and I am working with her to plan for rehabilitation. The father just doesn't seem interested, and the whole area is rife with crime. It's the usual story I am afraid, the housings squalid, the estates forgotten and people are trying to live on next to nothing. It's not our job to do anything about that, sometimes I think we could do a better job if we could, chasing rainbows eh.

(I) Definition of Continuity

For the social worker and the mother in this case, the definition of continuity is based upon rehabilitation. Sibling continuity planning is difficult in this case because of the problematic nature of the relationship between the brothers. It is very interesting to note that the brothers did continue to see each other occasionally whilst being looked after, and wrote to each other often. Practice evidence from the Danish cohort, reveals that when relationships between looked after siblings are problematic upon initial entry, siblings may still be placed together in therapeutic environments such as ship projects or socio pedagogic communes (collective communes). Multi-disciplinary working between social pedagogues, kurators and psychologists, allow sibling groups to be placed together in such circumstances.

(2) Definitions of Inclusivity and Partnership

There is a degree of partnership between the mother and the social worker in this case in their planning together for rehabilitation. The case files show that the mother has attended all three case conferences so far held, and the mother is very active in sharing in day to day decision-making particularly in relation to the boys' education.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

The initial separation of the siblings in this case was based upon their problematic relationship. The boys did still organise contact with each other and wrote to each other

frequently. This was encouraged by the social worker in this case. Sibling therapy was not part of placement planning in this case and any placement of the siblings together would have required more specialised provision and therapeutic setting.

(4) The Availability of Specialised Placements able to take Sibling Groups and the Relationship to Planning for Continuity

The availability of a more specialised therapeutic environment would have been appropriate in this case, in allowing these siblings to be placed together. Such environments are available in Denmark in the form of provision such as ship placements or socio-pedagogic communities, which are especially suited to older sibling groups.

(5) Overarching Legal and Policy Frameworks

A key point related by the social worker in this case, focuses upon the limitations of her role in terms of intervention. The view that rehabilitation in this case may lead the two young people back to a behaviour pattern dominated by crime is based upon the social circumstances in which this family has to exist. A more integrated response from other agencies, such as housing and benefits agencies and the ability of social workers to intervene within a multi-agency setting is relevant here. Integrated responses are the norm within Danish social work practice, and agencies are facilitated in this task by the multi-agency operation of social centres. Macro social policies designed to alleviate poverty and concomitant social problems through income transfers and policy interventions, designed to combat social exclusion, also aid the social work task in Denmark. As has been discussed the availability of specialised placements and therapeutic environments for older sibling groups such as those available in Denmark may have also aided sibling continuity planning in this case.

6.3 Conclusion

The fragments of experience, perception, meaning and professional rationales contained in the reflections above do not weave together well. The fabric designed by the Children Act (1989), the inclusive model of care planning, internal and external rights for children, provision for children with special needs is faulted by threads of practice and resourcing which cannot be woven to meet intended patterns of continuity. Care planning in all of the cases above was service led e.g., despite a clear pro-active commitment on behalf of most of the social workers involved in the cases, decision-making was framed within the limited range of placements available. Practice impacts were placed in sharp profile when permanency planning for sibling groups became interlocked with such resource limitations. In adoption cases this could not be more clear or poignant. An argument for the increased use of open adoptions may be made here.

The analysis of these case studies indicates that continuity planning is still reliant on permanency planning. (pace Murch op cit..) This raises issues at two levels. Firstly, the nature of the decision making process by which adoption orders are made, particularly those which are compulsory and those adoptions where contact remains with the birth family; secondly, frequency of and arrangements for contact through partnership or inclusiveness. Such questions are particularly relevant in relation to contact between looked after siblings and their adopted siblings. A key question here is how does partnership in contact arrangements work between adoptive parents, natural parents and natural siblings who are in out of home placements, particularly when looked after siblings are young. Of key significance here are issues in relation to parental and children's rights.

On a broader scale differences in use of adoption in Britain and Denmark reflect differences in social and political approaches. In Britain adoption has in most cases been granted with the consent of parents. An important grey area lies in the extent to which adoption has been the last resort when there seems to be no other viable alternative (Rockel and Ryburn 1988; Najman et al. 1990; Howe, Sawbridge and Hinings, 1992; Wells 1994; OShaughness 1994;

Ryburn 1995). The permanency movement from the end of the 1970's led to an increasing number of adoption orders, which were made without consent of the parents. Arguably the implications of these research findings underline the need to relocate principles of partnership and inclusion within arena's of decision-making which are 'rights and needs led' rather than service led. 'Inclusive' or treatment orientated approaches to sibling continuity planning are hindered by the narrow scope and limited range of placement provision. British social policy is 'needs based', though the question of 'needs unmet', as in the cases where children are separated from their brothers and sisters due to lack of suitable provision requires some serious rethinking.

Care planning as a process, and sibling continuity planning within this is constrained in a number of ways here. Firstly, social workers may in their professional and personal assessment value sibling continuity, however any pro-active practice is limited by a lack of specialised placements for sibling groups. Secondly, the rights of looked after siblings in relation to contact with their adopted siblings pivot upon the degree of partnership between social workers, parents, and looked after siblings and adoptive parents in organising contact. This partnership is delicately balanced upon the wishes of the adoptive parents.

Emerging also from the case studies above, are indications that the balance between protection and prevention impacts very strongly on sibling continuity planning in the timing, mode and purpose of intervention. In reflecting on the opening case study in this chapter I am reminded of the words of a mother who repeatedly asked for help two years before her two sons were taken into care. The crises point reached, care orders issued, decision making reduced to the exchange of solicitors letters and her sons separated in care 'with very little chance of rehabilitation' (Social Worker), there is a pervading sense of what might have been. This case would have benefited from early intervention. The grief and turmoil of the case history, which included a cot death and a marital breakdown, was compounded by poverty. The mother in this case felt as abandoned as the derelict rubbish laden estate she lived in. From the social workers perspective the presenting problems displayed by the two

brothers were symptomatic of the mothers poor parenting skills. Sibling therapy was used in the case, however failure to find a long term placement for the brothers meant that they were eventually separated with the younger brother going to an adoptive placement. The extent of the brother's needs on entry reflected the crises point that had been reached in this family, the identification of and response to the children's and this family's needs at an earlier point would have been appropriate in this case. The case studies above reveal a lack of family support work in social work practice. This impacts directly on sibling continuity planning however most telling in the cases studied above was the apparent lack of any theoretical basis for social work practice in relation to sibling continuity planning. The pragmatic approach here is embedded in the reality of constraints created by a service led provision characterised by a very narrow and limited range of placements.

Chapter Seven

The Danish Experience: Case Studies

7.0 Introduction

The findings in Chapter Six reveal a lack of family support work in social work practice in the British cohort. This impacts directly on sibling continuity planning. More importantly, the British experience for looked after sibling's reveals an apparent lack of any theoretical basis for social work practice in relation to sibling continuity planning. Pragmatic professional responses in the British locality were embedded in the reality of constraints, created by a service led provision, characterised by a very narrow and limited range of placements.

In Denmark 'inclusive' models of care planning are legally sanctioned through the use of children's and parents rights and a reunification approach is endorsed. Translating notions of re-unification, and espousing the integrity of the family, involves supporting the family while the child is in care.

Practice impacts were placed in sharp profile when permanency planning for sibling groups became interlocked with such resource limitations. Decision-making relating to care planning for looked after siblings in Britain and Denmark, owes much to such differences in approaches, often defining the course of care careers as procedural and 'fragmentary' or as part of a process. The experience of looked after siblings in the Danish cohort will now be explored, and analysed within Danish child care law, policy and practice guidance.

7.1 Methodology

Gaining access to data was a particular problem in the Danish cohort, and several visits were undertaken before I met with key personnel in the Social Services Directorate. It was explained to me that cases were extremely confidential and that the Social Services Deputy Director would accompany me, and act as an interpreter when needed. The language barrier did not prove a problem in three out of the four agencies. In one of the agencies however, the proliferation of ethnic groups meant that social workers were also from different ethnic backgrounds, including Yugoslavian, Hungarian, Polish, Greek and Turkish. Here, interviews were more problematic, however Yan, the official from the Directorate acted as my interpreter and helped me to understand what was being said. Clearly, several issues are raised here. Firstly, when social work professionals are not speaking in their first language, intended meanings might be lost. Secondly, meanings themselves may be culturally specific and need to be clarified and not simply translated. This problem was compounded in the case where the social worker's first language was not Danish. In my endeavour to overcome such issues, I examined case files with the help of Yan (the official from the Directorate). In the presence of case managers, social workers, kurators and pedagogues, I was able to clarify any ambiguities and confirm information in case files with social work professionals involved in each case. Interviews were carried out with the team involved in the cases rather than individual social workers. This in itself was to prove useful in helping to shed light on the way in which social work professionals work together in care planning with specific reference to sibling placement and continuity. Whilst the focus of this thesis is not to examine different professional cultures, key issues such as partnership and ways of including parents and children through multi-disciplinary working is cogent to the thesis. In particular the use of pedagogues and kurators was of interest here and as the parents narratives show later on the later tended to gain more trust from parents than the former.

During my involvement with the local Social Services Directorate it became clear that I would not be allowed to interview parents or children. The deputy director explained that

parents and children's have the right to confidentiality and that anyway he 'didn't want to cause too many problems for case managers'

My concern to gain the views of parents led me to contact the "Parents Association" in the municipality. This association is staffed by psychologists and counsellors and is available to all parents whose children are in the care of the municipality. The organisation is independent although it is funded by the local municipality and is designed to make parents aware of their rights and enable them to talk through any problems they may be having in the relationship with social workers, kurators or pedagogues assigned to cases. In particular it was explained that mothers very often do not feel included in care planning when social work professionals used professional terminology.

7.2 The Danish Case Studies

Area A

Ethnographic Notes On Agency

As the demographic notes in Chapter three indicate this agency was set in a rural area with more affluent socio-economic indicators than the other three areas. The agency itself occupied a building, which was open and easily accessible.

Interview Context

This interview involved the agency manager, three case managers, two kurators, two social workers and two pedagogues. Social work professionals came in and out of the room as cases changed. In all of the cases analysed below, all of the professionals apart from professional carers and therapeutic professionals involved in the case are involved in the interview. The nature of the team interview held benefits, in that cases were discussed in what was akin to a focus group form. The open conflict of views which occurred within the cases which follow are indicative of the apparent absence of professional defensiveness. A

very noticeable feature of these team interviews was the apparent absence of wide power differentials between professionals.

Case 1

Case Profile and History

Case Manager:

“This case is about two brothers aged 16 and 14. The mother first came to us three years ago. The younger child, Yan behaved badly he had special needs, the older brother did not have as severe needs but he did keep getting into trouble. The mother came to us for help when the older child got into trouble with the police. The parents had just separated at this time and the mother found it hard to deal with the whole situation, she was suffering from depression at the time and was undergoing counselling. It was at this time that teachers at Yan’s school also became aware of the situation. The mother confided in one teacher, and said that she didn’t think she could cope any longer, and Yan’s behaviour was really upsetting her. In one example Yan had tried to set fire to the shed in the back garden, and in another he took all of the food from the freezer and sold it. We did an investigation and talked to everyone, the mother, the father, the boys. We made a plan with everyone about the placements, what would happen while the boys were in their placement, how long the placements would last, and what we would do for the family while the boys were away. Everyone seemed happy with all this and with how often the boys would see the parents and each other. The younger child needed special treatment, so he went to a boarding school for children who are having special needs. The older brother, well we thought, he was more in need of stability and security and to be with boys of his own age group, so we provided a place for him in a collective commune. After about a year the younger child had made many improvements and we thought that it was time to place him with his brother in the collective commune. He has settled in really well and the boys see their parents every weekend. We are now looking to see if they can be re-united with their mother, but we have to be sure, (turning to the kurator involved in the case) do you have anything to add to that?”

Kurator:

“I went to see the mother the other day, and she thinks that it would be OK for the boys to come home, she still has some difficulties though. Her partner, the boy’s father is unpredictable, one minute he’s there the next minute he’s not. Anyway we are finding a bigger house for them, so that there will be more space for everyone you know, I think it will be better to wait until then”

Pedagogue (interrupts):

“I think that’s right it will be better to wait until then. When I have visited at weekends sometimes, the whole family is there mother father, Yan and Allan, it’s a very small room downstairs and Yan and Allan have to share a bedroom. The father seems most upset by there being so little space and it does make people to be tense. The mother and father are unemployed. I’ve been telling them about different courses they could go on to help them, but they are really suffering from problems they are having with money, if the boys are to return, the parents will need some more financial help for the first period after they return home. All of this would probably help the parent’s relationship as well. In our conversations most of their tensions seem to be about money.”

(1) Definition of Continuity

Placement

M.E: The boy’s first placements were located at quite some distance from each other. How do you feel this affected them in terms of continuity of relationships between the brothers and between the brothers and the mother?

Case Manager:

“We were concerned about this, and I know the mother was very unhappy. But in the plan agreed with the mother, it was written that the brothers would see each other at least once a month. Once at their parent’s house and once as a visit to each other’s placement. This was carried out. There was a three hour train journey between placements and each boy had to travel for about one and a half hours on the train to visit home. I think that we believed that what was most important, was to find the right placements for these boys and to work towards bringing them together again and then work towards re-uniting them with their family. Its sounds easy but its not. The boys had problems with their own relationship as brothers, so we also had therapy sessions for this, and the mother and family had many problems of their own. So, we needed to think about measures, we would take to help the family while the boys were in out-of-home placements. This case is complicated, most of our cases are not simple, but we are always trying to work towards a good solution for the family.”

Pedagogue:

“The only big problem in the way this case is going, is that the mother is thinking of moving to another district, well this will mean a change in the professionals working on this case, and that’s not good for continuity. That’s why we are in such a hurry to find a bigger house for her locally, so that she won’t be drawn away too soon. It becomes really difficult when people move to new districts”

(2) Definitions of Inclusivity and Partnership

In this case, the parents were persuaded by the professionals involved, that despite the distance between the two placements, and between the placements and the parental home, the plan was beneficial in the long run. In terms of the adoption of an ecological approach, it is interesting that the parents have the right to insist that placements be nearer the boy's communities. In this case however, the determining factor, were the special needs of the boys. In this sense, treatment and therapy were seen as integral to continuity planning. This raised questions in my own mind in relation to the primacy of professional assessments over the views of the boys and their parents.

M E: How did the boys feel about the distance between each other and their parental home?

Pedagogue:

“We spoke to the boys during the planning of their cases and there is no doubt about it they were worried. Yan, the younger brother asked that if it didn't work for him, would he be able to go to a placement nearer home, we said that this would be possible. The boy's parents wanted to know if we would pay for the boy's visits home and to each other. Yes, we would we told them. Even after all of this, we knew that the first couple of months would be like a trial you know, none of us were sure about it all in a way. It's always best to keep an open mind, that way everyone is fully involved in the process. Relationships are complicated, you can't say, oh and this is what is going to happen between now and March, and then you will go there in September, you can't timetable, do you understand? these things everyone must contribute to the planning you know it's not so simple. When the boys and the parents knew that they would see each other often, they seemed to begin to feel more easy about things, and they decided to go ahead with the placement plan for the time being.”

M.E: Did you feel that boys and the parents trusted you in this case?

Kurator:

“I don't know about you (turning to the pedagogue) but I got the impression that professionals bothered them you know. The mother once said to me ‘I want to know what's going on in simple language then I can make decisions about things.’ On one visit I asked permission for Allan the older brother to attend a service where lots of religions would worship together, I don't know the English?”

M.E: Ecumenical?

Kurator:

“Yes that must be it. Anyway the parents are strong Roman Catholics and weren’t happy about it, so Allan couldn’t go, but at least the parents knew that they were to be included in daily plans as well as the overall plan. I think that they became more trustful after that.”

Pedagogue:

“It wasn’t easy to gain the trust of this family, I think that gaining trust takes time and really families will only respond to you if they can see that their wishes are being carried out. The mother and father were knowing what the problems were, and when we gave some solutions we were able to work them through together. The parents had already thought things through. To have a written plan for every one to sign helps because everyone shares the responsibility. The father was worried about how flexible the plan was, we told him that we, what do you say have a look at the plan every three months.”

M.E. Do you mean review?

Pedagogue: Yes review the plan every three months. If there is a problem we do it in between this time.

M.E: Who is involved in the review?

Case Manager: Everyone is there, the youngest boy is over twelve in this case so he can come. If he was younger we would ask for his opinion.

The case files showed that there had been five reviews since the boys were placed in out-of home care.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

There was a deliberate decision in this case to separate the siblings in care, for the reason that Yan, the youngest brother, required special educational provision. Allan, the older brother was placed in a collective commune located 70Km away from his sibling. The placement plan in this case did however provide for twice monthly contact arrangements between the brothers and also provided for sibling therapy. The pedagogue in this case, argued that continuity for the family was integral to continuity for the brothers, and that following a period of treatment for Yan, the younger brother, then the boys would be placed together, for

a period of time. Parallel to this, measures in support of the family would be taken while the boys were in out of home care. In addition, after care support measures in the form of financial support, would also be taken before the boys would return home . This is consistent with a recently proposed amendment to the Social Security Act which states that before termination of a placement the local authorities must, in co-operation with the parents and the child if possible, make a plan for further initiatives after discharge. The defining principle underlying conceptions of continuity in this case were based upon the goal of reunification of the brothers and then of the whole family.

The case files in this case did show involvement with the housing section located within the social centre and there is also evidence of discussion of after care measures involving financial support.

(4) The Availability of Specialised Placements able to take Sibling Groups and the Relationship to Planning for Continuity

In this case, the availability of specialised placements did seem to be a pivotal factor in continuity planning. Importantly however, in this case specialised placements were used in two ways. The first stage in continuity planning involved the brothers being separated and involved two specialised placements. The younger brother, Yan was placed in a special needs school, and the older brother Allan in a collective commune. Each placement was designed to meet the specific individual needs of each child. Yan's special needs were particularly related to his behavioural problems. The pedagogue described Allan's situation as being more closely related to low self-esteem in relation to his peer group. Importantly, from the outset it was envisaged that the boys would be placed together in the collective commune where the older brother Allan was initially placed. In this sense, continuity planning had been carefully undertaken in terms of the use of specialised placements and a place was to be reserved for Yan in the collective commune.

(5) Overarching Legal and Policy Frameworks

One of the most interesting parts of the discussion in relation to this case, concerned the measures that would be taken before Yan and Allan would return to their natural parents.

Both the Pedagogue and the Kurator had commented that the family should be re-housed and extra financial support should be given, before Yan and Allan return home. When I asked about the resources available for the latter measure there was an interesting response:

M.E: Is it straightforward, I mean are there mechanisms in place which allow you to access resources for after care in this way?

Kurator

“It used to be quite complicated. You really had to say why this kind of after care support to the whole family was needed when all of the central problems had been resolved. You know the family is supported throughout the whole time the children are being in out-of-home placement. But after the 1993 law everything became easier. The local administration were now having to take notice of the need to have measures which support the family while the children are in out-of-home care. Also, after the child returns to his or her family ‘Now its easy to get hold of the resources you need for care after the child returns home and you know the social security department and housing department are all in this building anyway.’”

Here the 1993 law and the recent amendment 1998 which states that:

“Before termination of a placement the local authorities must, in co-operation with the parent and the child if possible, make a plan for further initiatives after discharge.”

The new law is to a great extent a continuation of the law to date in relation to out-of-home care. However, the new amendment initiated administrative changes, which meant that resources for after care for the family were more accessible. These changes were made more amenable by the fact that social security benefits and housing departments were located in the same social centre.

General Discussion of the whole case

Continuity planning in this case seems to have been made more amenable by the ability of professionals to gain the trust of the parents. In this case, the parents and the children were made aware of their rights in terms of placement planning. When Yan raised the issue of distance, it was made clear that a more local placement would be found, if he became

unhappy in his placement. In this case the placements did not break down in either case and contact was regular, eventually leading to the placement of the boys together. In the following case however, there are indications that parents and children's rights may sometimes come into conflict with professional assessments, when applied to continuity planning, and the course of sibling continuity in particular may be affected by such conflicts. The theoretical implications of the following case need to be contextualised within an ecological approach, which recognises the importance of family ties and community and cultural ties. The discussion, which follows Case 2, will show how sibling continuity and the use of specialised placements may contradict other key elements of an ecological approach. Moreover, parental rights in taking decisions relating to placements may undermine professional assessments and sibling continuity planning, which is based upon initial individual treatment, and the eventual placement of sibling groups together.

Case 2

Case Profile and History

Case Manager:

“This case is about brother and a sister, Hanna is eleven and Erik is eight. Hanna was put into a foster home when she was three months old. Her brother was being put into a foster home when he was five months old. This is a complicated case. The children's mother is very unstable, she is an alcoholic and does have some severe psychological problems. We have worked with Greta for about eight years now. She has been in and out of clinics and has had courses of counselling. We have given her another house and given her some extra support with money, but there has been no improvement in her condition. The children were first brought to our attention by the police who found Greta and with Hanna, who was only being about 2 months old at the time, walking along a railway track. The police said she was drunk and was lucky to be alive. The baby was found to be in a really bad state, she had no nappy on and she was underweight. Anyway we talked with the mother and we said we would find foster care for her daughter. We made a plan that the baby should go to a professional foster carer. At the time Greta agreed despite the fact that the placement was some distance away. In our minds we were preparing for the placement to be for a long time and we wanted to be sure the placement was right for her. Anyway Greta's (the mother) situation did not get better, despite the clinics and the counselling, and one day she told us that she was pregnant again and that she really didn't think she could manage with the baby. Our main worry at the time was to try to prevent foetal alcohol syndrome. This is a condition, which is more of a problem to us in this district and in this municipality than in most areas of Denmark. Luckily, Greta co-operated with the programme and Erik the second child did not show any obvious signs of the syndrome. We discussed the situation with Greta following the birth. This time, Greta seemed

more concerned about where her son would be placed. We wanted him to be placed with his sister in the professional foster care placement, however the mother said that the boy should be placed with an ordinary foster carer. She said that she did not get on with her daughter's foster carer who was a professional foster carer. Greta thought that Hannah's foster carer 'looked down upon her' and so the child was placed in an ordinary foster placement fairly close to his mothers flat."

(1) Definition of Continuity

Placement

Kurator:

"The girls placement is on an island and it takes about 6 hours by boat and a half an hour by plane to get there from here. We did not want Erik to be placed so far away from his sister, but it is the mothers right to help to decide the placement plan, so that is what has happened. From our point of view it would have been better for Erik to have been placed with his sister in the professional foster home."

M.E: How much contact do Hannah and Erik have with each other?

Kurator:

"Well at the moment it's only about once every six weeks. Erik nearly always makes the plane journey to the island where Hannah stays. The good thing is that he always stays for a least a weekend when he visits and he is also visiting for five weeks during the summer holidays. They have a good relationship as brother and sister and Hannah's foster carer is very good with them both."

M.E: Does Hannah ever visit Erik in his placement?

Kurator: This happens not very often. The ordinary foster carer is not very happy She told me that she couldn't cope with both children staying over night.

M.E: Does the mother have much contact with the children?

Kurator: She does not seem all that interested in visiting Hannah. She knows we would pay for the visits. She only visits her about once a year. She does visit Erik, she gets on very well with his foster carer.

Parental rights in this case have determined a situation in which these siblings are separately placed. In some sense the mother's involvement in decision-making in relation to Erik, the younger sibling is more pronounced than in decision-making in relation to Hannah. The

mother has said that she felt that Hannah's professional foster carer looked down upon her and that she could not communicate well with her. Cultural differences may be playing a part here, however the focus is on the impact of decision-making in relation to sibling continuity within care planning. In theoretical terms, these findings indicate that the involvement of parents in decision-making may be beneficial in promoting key elements of an ecological approach, i.e.. Erik was geographically located in close proximity to his community of origin and also to his mother. Critically however, in practice the limitations of many ordinary foster carers including Erik's, meant that he was separated from a key member of his natural family, his sister. Thus, the implementation of an ecological approach was militated by the use of professional foster placements, which were geographically separated by some considerable distance. In wider focus, the director of this social centre did comment that most professional foster placements are located in remote areas, and most children who are so placed are from inner city or urban environments. When parents did decide to exercise their rights in relation to placement decisions children are often placed with ordinary foster carers who are often geographically closer to their natural parents and communities. Such placement decisions may be taken despite professional assessments, which favour placement with specialist carers. As the kurator in this case explains:

“When local placements are in residential institutions as for older children for example, we can usually place siblings together, when siblings do not have overriding individual needs. However, when parents say they want to use ordinary foster carers, it is usually not possible to place siblings together. Ordinary foster carers usually do not have the space to take more than one child from the family.”

Professional assessments in relation to planning for sibling continuity in out of home care is usually (i.e. except in compulsory cases) contingent upon parental agreement in relation to placement decisions. A pro-active approach to sibling continuity also involves ensuring adequate contact between siblings. Social work professionals can ensure that this occurs even when siblings are separated. Importantly however a key and sometimes criticised

foundation (Browning 1993) of the out-of-home care system in Denmark lies in the influence of social work and health professionals (pedagogues, psychologists and kurators). The law gives balance to this seeming professional hegemony, by giving parents and children a number of fundamental rights in care planning. As the findings above document, this balance may at times create difficulties in terms of sibling continuity planning, particularly when children have special individual needs. Importantly however, in many cases, it is the location of professional foster parents and collective communes which is at issue, not the fact that their treatment centred, or cultural distinctiveness, often leads parents to choose ordinary foster carers. As the social centre manager comments:

Social Centre Manager:

“If we could solve this problem of distance, I think that it would be a good thing for the care planning process. In one way it is because we have so many alternatives. We have so many solutions for children and their families, that we can be including family’s in decisions, you know they are able to talk about their problems in their own way and we know we can let them think about ways of solving problems, because we have the alternatives. If we are talking together, professionals and parents and children it is far easier to work together. At the moment we are trying to find more professional foster carers in the city centre, it is difficult. When you are talking about siblings staying together, in my experience parents in most cases want them to stay together, and if it means they will be far away, what matters is that we will pay for travel costs and we do. In some cases, I have managed, parental rights or in the case of older children children’s rights have led to children not being separated, even if they do have special individual needs. In such cases, we will usually be working with professional foster carers, such carers are highly paid and are specialists themselves. Even so we give them a great deal of support, it’s a difficult job. In most cases when we go through the plan properly with the parents, we talk about how long the children will be in out-of-home placement and why they will be there. Parents are usually saying they are happy with specialist placements, because in many cases, specialist placements are for a short time, and they are there to help in the process of reuniting children with the siblings and eventually with their families.”

(2) Definitions of Inclusivity and Partnership

M.E: How much importance or emphasis do you place on evaluations/views of parents, carers and children in assessing contact situations?

Case Manager: Do you mean do we listen and take notice of everyone?

M.E: Yes, that’s it.

Case Manager: We have regular meetings.

Kurator: Like your case conferences.

Case Manager:

“Everyone is invited to the meeting and everyone has a say. In this case, we do give more say to the foster carers when it comes to contact. The mother does not seem very interested in visiting her daughter, or even in her daughter visiting her. However, the mother is very interested in her son, and visits him a lot. So the children are not able to be together with the mother for visits which, we would like for them. Even though we do not think it is very likely that the children will ever return to the mother we still try for them to have contact as a family. If this is not possible, it is up to us as professionals to see that the children have each other, and see each other as often as possible. The children’s relationship is good according to the professional foster carers. We work very closely with the professional foster carers, they are committed to working hard for the family relationships. The ordinary foster carer in this case finds it difficult to cope with the children together, however she is working with us when we arrange visits for Erik. Thinking about it, in this case we want everyone to be involved, but when it comes to contact between the brother and sister its working with the foster carers which seems to matter most. Its different in different cases, it doesn’t take away any person’s rights. In the last meeting the mother came, and when we talked about contact she just started shouting you see she does not think that Erik should have so much contact with Hannah, its sad really. We must keep everyone involved but we must see that the children’s wishes come first, and they have told us, and they have told their carers that they wish to see each other more. This is the most important thing.”

M.E: How often do professionals involved visit the children and mother?

Kurator: I visit each child once a month, and also the mother once a month. If there is a problem I will go in between but usually this is enough.

Discussion

In this case, it was the view of the professionals involved, that when the focus of concern was sibling continuity planning, the opinions and involvement of the foster carers were of primary importance. The origins of this, lay in the fact that the mother in the case, having exercised her parental rights at the outset had determined the separate placement of the children. In addition, the mother had more contact and was more involved with care planning for her son than for her daughter, and had clearly indicated that she was not happy with the relatively high degree of contact between her children. Hence, inclusion in contact

arrangements between siblings was not appropriate in this case, particularly since the children never saw each other in the presence of their mother. Importantly however, an examination of case files showed that the mother was fully involved in placement planning for her son.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

This case evidences a very high degree of pro-active commitment to the maintenance and continuity of sibling relationships. Despite the problem of distance between sibling placements, social work professionals worked in partnership with foster carers, to ensure sibling contact was frequent. The quality of contact was continually addressed, by ensuring that the children's views were taken into account. In this case access to funding for travel arrangements was pivotal as air travel was required for contact.

(4) The Availability of Specialised Placements able to take Sibling Groups and the Relationship to Planning for Continuity

Planning for sibling continuity in this case was, as has been indicated above contingent upon parental agreement. The separation of the siblings in this case occurred as a result of the mothers view that the younger sibling, Erik would benefit from being closer to her and his natural community of origin. Social work professionals have indicated that they would have preferred Erik to join Hannah in her professional foster placement. In this sense, the use of a specialist placement for Hannah meant that, despite the chronologically staggered entry of these two siblings, sibling continuity might have been ensured through their placement together. Decision-making in this case was strongly influenced by the mother's rights in care planning. The siblings were very young when first placed, and so they themselves could not articulate their right to be placed together. Importantly, the mothers choice of an ordinary placement for her son, and its location close to her own accommodation, is appropriate in

terms of several key elements of an ecological approach, location, community and cultural appropriateness. These considerations, and their relationship to sibling continuity planning will be considered more fully below.

(5) Overarching Legal and Policy Frameworks

As the discussions above indicate, this case raises some pertinent issues in relation to the way in which overarching legal and policy frameworks impact on sibling continuity planning in practice. Most significantly perhaps, it has been found that the rights of the parent in this case were exercised fully in care planning to the extent that the siblings were not placed together. Continuity planning for the siblings was thus made more problematic. Quite apart from the conflict between professional assessments, and the views of the parents, this case raises issues in terms of children's rights to be placed with siblings, particularly when children are very young. An important factor in this case, was that the mother had stated that she did not wish the siblings to have a great deal of contact with each other. Interestingly, this wish was overridden by professionals who were determined to maintain sibling continuity in some form, despite the high cost of air travel. Further, the assessment of social work professionals in this case which, was also corroborated in case files was that it was very unlikely that the children would be reunited with their mother in the short term. The degree of influence exercised by the mother in care planning and in day to day affairs in this case evidences the stress in Danish child care law on maintaining partnership with natural parents in planning for looked after children even when placements are long-term. Intrinsically, this illustrates the degree to which legal and practice guidance (Betaenkning 1212: 1990) stresses the notion that planning for children in out-of-home care, and the integrity of the family, are inseparable notions. Hence, care planning for looked after children, and the implementation of support measures for the family, run in parallel with each other. Principles of partnership, reflected in Danish social policy in the form of citizenship and so fundamental to Danish child care law, were in practice fully realised in the placement planning for the boy in this

case. From the outset of the Erik's entry into care, Greta, his mother defined her needs in her own way, and these needs were addressed by locating Erik in a placement close by. In terms of realising an ecological approach, practice theory here was effective in terms of retaining community and familial networks. Critically, as has been noted however, sibling ties, another key feature of an ecological approach, were undermined by separate placement. Issues in terms of parental rights, and their conflict with children's rights, and with professional assessments in sibling continuity planning, thus emerge as consequences of legal frameworks in Denmark. Clearly, the complexity of this case is in some senses, due to the isolated and fairly remote location of the specialist placement used for the first sibling. It may be argued that more specialist placements should be located in central, urban geographical areas.

The degree of parental influence in decision-making in care planning is underwritten by a rights based approach within child care law in Denmark. This is once again illustrated in the following case, where the single parent mother seems to have taken ownership of care planning for her two daughters much to the dismay, humorously described by the case manager.

AREA B

Ethnographic Notes On Agency

As is described in Chapter Three, this agency is situated in the context of an area where substantial proportions of ethnic groups were represented in the population.

Interview Context

In this interview the interaction between the social centre manager, case managers, kurators, and pedagogue, was one in which there seemed to be a great deal of mutual respect. Three of the case managers were of a different ethnic origin, one Yugoslavian, one Turkish and one from Moldavia. Throughout the interviews, I was aware of how relaxed the professionals in

the agency were and how much mutual respect was clearly visible between professionals at all levels.

Case B1

Case Profile and History

Case Manager:

“This family is Turkish. There are some language problems for the mother but this does not stop her making her case. The two sisters involved were born here, so they are having no language problems. We have always been aware of the sisters’ cultural identity however, and the mother has had a great deal of influence in decision-making in this case (laughing maybe too much at times!). The older sister has been placed since December 1981. The mother had great difficulties at that time, her partner left her and she had a lot of debt. Anyway one thing led to another, and she had I think you call it a nervous breakdown?”

M.E: Yes that’s right

Kurator:

“We began to start some measures for the mother, financial and medical help, but we were worried that she might not be able to cope, as she was pregnant with the younger sister Metta at that time. We were worried, so we made a placement for the older sister Ulrika which was a professional foster placement, because we knew that if things got too difficult for the mother we could place Metta with her sister Ulrika.

Case Manager:

“Anyway, things did get worse, despite the support. The mother is a bloody lunatic really (jokingly) she’s not dangerous. This year she fired her social worker, she does that very often. I talk to her one to one, and we have agreed that she can be her own social worker, she is doing quite well. She is in charge, and she decided what is to be decided in this case. The younger girl has decided to go back home with her mum. The girls look very much like their mother, and behave like her, God help us! The older sister is now busy creating another girl, yes she is pregnant. I am hoping for a boy this time. Anyway, the girls were placed together in the professional foster placement, but we are now arranging for the older sister to have a flat with her boyfriend. Anyway there is nothing wrong with these children they just learned too much from their mother!

(1) Definition of Continuity

The definition of sibling continuity in this case was integral to contact with the mother. The two sisters were placed together in a professional foster placement, and contact was gradually increased until 1989, the girls have been going home every weekend. Sibling continuity was ensured by the initial placement of the girls together in a professional foster placement, despite staggered entry. The older sister is now placed in semi-independent accommodation and will shortly be re-housed with her partner.

(2) Definitions of Inclusivity and Partnership

A pivotal aspect of care planning in this case was the degree of influence over the decision-making process given to the mother. Although the case manager describes this in a very humorous and relaxed way, it is never-the-less true that social work professionals in this case operated in a way which, allowed the mother to feel that she had ownership of care planning for her daughters. Clearly, professionals were happy that contact between the daughters and their mother was not detrimental to their well being. Significantly however, cases such as these and the influence on decision-making facilitated by parental rights do act to counter views propounded by critics such as Browning, who point to the hegemony of professionals in Danish child care practice.

The case files in this case evidence a number of letters written by the mother, mainly on day to day affairs. There are a series of letters showing a concern about religious matters at the school the two sisters were attending during the week. The concern, which revolved around early morning assemblies, was eventually resolved.

The case manager commented that the mother had attended every single case conference since the girls began their placements, and that ‘every single one of them was etched on his mind’. According to the case manager, ‘both girls had attended most of the conferences, but found it hard to interrupt their mother!’ For the case manager however, it was important that the mother should have had so much influence in decision-making, as the plan was for eventual rehabilitation, and weekly weekend home visits meant that this would be made easier for the girls and the mother in this case.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

The initial placement of the older sister in a placement which social workers knew would be able to accommodate an additional sibling, demonstrates an awareness and commitment to sibling continuity in placement planning. In this case, the mother worked very closely with the professional foster parent in organising contact, and the degree of contact with the mother (weekend visits), demonstrates sibling continuity planning within a practice theory which is inclusive and founded upon a holistic approach to the family.

(4) The Availability of Specialised Placements able to take Sibling Groups and the Relationship to Planning for Continuity

The availability of a professional foster placement was important to sibling continuity planning in this case. Importantly social work professionals identified a need for a placement that would be able to take Hannah’s sibling if necessary.

(5) Overarching Legal and Policy Frameworks

This case demonstrates the way in which parental rights, integral in Danish child care law, may have an impact on practice. Here, comments from the case manager and kurator

involved, indicate how they sought to encourage involvement in decision-making, by allowing the mother to feel that she had fired her social worker. Importantly, the degree of influence real and felt is indicated in case files, and has important and arguably beneficial implications in relation to ADP issues. Importantly in relation to ecological theory there are several indications within case files of sensitivity to the cultural, and religious heritage of this Turkish family.

Case B2

Case Profile and History

Case Manager

Case Manager:

“There are two siblings in this case, Yan, aged thirteen, and Anna, aged eight. Both children are in out-of-home care because of compulsory care orders. The mother’s difficulties first came to light when the police had reported that the mother had been physically beaten and the children in the house seemed very frightened by the mothers boyfriend Erik, who did not live at the house but was visiting a lot. At first, the mother who was a single parent, did not want to talk to us, but eventually, we are able to talk to her and the children. During one such meeting, Anna said that it would be better if Erik did not come to the house then she would not be so naughty. Later I asked Yan the older brother, about this, and he said that he would always protect his sister from Erik, (the mother’s boyfriend at that time). When I asked what did he mean, he said that when Erik was angry with his mother or with Anna he would take it out on him. Yan became very upset when he told me that Erik used to drag his mother around the house by her hair and one day he had held a broken glass to her throat. Yan said he was very frightened that Erik would end up killing his mother. Yan then broke down in tears. All of this was done in front of Yan’s mother Aase who became upset herself, she said that her relationship with Erik was important to her, and that he was only ever violent when he was drunk. We told her she had choices, you know we could find her a new house and support her with child care for her children. She wanted to do a university degree. She is an intelligent woman. Anyway, one day the school is contacting us and saying that in a routine check up they had noticed bruising on Yan’s back and when they asked him about it, he just broke down in tears. Later, I asked Yan about this, and he said that Erik had done this to him. When we spoke to Aase about this, she said that she would make sure it didn’t happen anymore. We felt however, that Yan was being at obvious risk from Erik who had physically hurt him and that Anna was also at risk. We again were saying to Aase that we could help her we could find another house for her and give her support with money and with child care, but she once again said that her relationship with Erik was important to her and that it was just his alcoholism that was the problem. We told her that we felt it would be better if the children were placed in out-of-home care until the risk to them no longer existed. Aase

became very upset, and said she would never agree to this, we decided to go to the local child and youth committee because there was obvious physical and psychological violence. The compulsory placement was granted. Aase was very upset at that time, but we reassured her that contact between her and the children in their placement would be very often. However the children would only be allowed visits home if contact was being supervised. We made a placement for both of them together. At first we thought that the older boy in particular had suffered such trauma physical and psychological, that he should be placed in a special small residential unit which is made for children with such needs. There are specialist staff there, psychologists and psychiatrists. With this plan the younger sister would go to a professional foster carer because we thought because of her age, she needed a family situation and then the boy would join her later. When we talked of this with Aase, the mother however she was very worried that the children would be unhappy without each other, they had been living through so much together, and Yan would be worrying about his younger sister. When we asked Yan what he thought about the plan, he was first to think of his mother. 'Who would be there for her?' We explained that we would go on trying to help her, but that he must try to make himself better now for her. Yan said he wanted to be with Anna his sister because she needed him to look after her. When we talked to Anna herself she said she did not want Yan to go away. After these talks we decided that the best plan for the brother and sister relationship was to place the children together in a professional foster home with psychological counselling for Yan. Anyway, we did this and the contact was working well, we visited the mother regularly. She decided to go on with her relationship with Erik and at one visit she told us that Erik was to go to a clinic to end his alcoholism. Three weeks later Aase was taken to hospital after being badly beaten. It was shortly after this, that Aase came to us saying that she wanted help, she was going to end the relationship but she would need our help. We were finding her a new house in another district were giving her financial help. We decided that it would be better to wait until we were sure that Erik would be making no more visits to see Aase before thinking about the children returning to live with her mother. We were also concerned to be sure that Anna and Yan had recovered from all of the trauma they had suffered. We have decided to gradually increase the children's visits to their mothers home, the contact is still supervised, we will be waiting at least another two months before the children are reunited with their mother. We want to be sure that Erik will make no more visits with their mother, and that the relationship has ended. We have helped Aase to enrol on a University degree course in Chemistry and we are giving her help with finance. The measures we are thinking of for after the children return home will depend upon what Aase feels she needs to help her through. But we will help her if she needs more child care for example. These measures will help us to keep in touch as well, although the Health visitor will also visit. The children have done well after what they have been through. When his mother was in hospital, Yan was very worried about her. One day he said to me, 'my mother is going to die isn't she'. When she recovered and we told him that his mother was moving house and would no longer see Erik it was as if a heavy burden had been lifted from him, the expression on his face I don't know what the English is?"

M.E: Relief?

Case Manager:

"Yes that's it relief. But after the burden was lifted from him, he was able to help Anna feel more secure, to feel I don't know, that they could be children again, you know not like

adults, not always worrying. I remember thinking its good they have been together through all of this they were stronger together.”

(1) Definition of Continuity

The case manager’s definition of continuity in this case emerged in his description of the case history as grounded upon continuity of the sibling relationship within the context of the relationship of the children with their mother. Contact between the children and their mother was made problematic by the context of domestic violence. It was this context that led the case manager to bring the case before the local child and youth committee. The purpose of the placement at this stage was viewed as long term. When the mother decided to end her relationship with Erik, this marked a turning point in the placement plan for the siblings:

M.E: When the children were first placed, what was the purpose of placement?

Kurator:

“Well as the case manager has pointed out, the mother showed very little hope of giving up the relationship with Erik, even though there was domestic violence. We were feeling that the children would need a long-term placement, because of this. There was a chance that the mother would change her mind and this she did, because of the final act of violence committed against her. The consultant at the hospital said she was lucky to survive. Erik had hit her with a blunt object and had almost punctured her spleen. When I was going to see her at the hospital the first thing she was asking me about were the children. I think the thought of never seeing them again you know if he had killed her, I am thinking at the time that she is wanting to see them grow up you know, well you have children don’t you, so you know. So there it was now time to think about the children returning home, and next month they will do so, we have put measures in place to help the mother when they return home. She is a lonely person, doing a course at University will help her psychologically and to make some friends for herself she needs these things.”

M.E: How important was the continuation of the sibling’s relationship during this time?

Case Manager:

“Very important. The children did have their own needs and we tried to make sure that we took care of these needs but within the same placement. To be together from the

start, this was their wish and this was the mother's wish and as I think I have already said it turned out to be a better plan because of the mothers changing of her mind after the violence that put her into hospital. You see if the children were to go home to their mother and feel calm and secure again they needed to have had stability in the relationship between them. If this was so then it would be easier for them to become a family again. We were concerned however, as we always are in cases where the children have seen domestic violence that they had got better from their trauma, from their shock. They might be scarred inside but they are no longer bleeding inside, do you know what I am saying? I do worry about my English sometimes. Together they seemed to be able to mend each other in a way that even the most professional carer, most well qualified counsellor or therapist could never be helping them, they knew how to comfort each other. They felt safe with each other. I have had many cases like this you know, the children have been through so much together and the separation from their parents is the breaking point for them. Some children are taking their anger out on each other. Our professional foster carers know this and have skills to deal with this it is more harder for our ordinary foster carers though they do get training well they still find it hard when they see children fighting. It's easy to think of everything based on what you see on the surface its much harder to see under what is going on."

(2) Definitions of Inclusivity and Partnership

This case involved a compulsory placement. Despite this, the statutory rights of the parents and children in relation to placement planning which are very clear and explicit in Danish child care law are evident in the case managers description of the case history. The case files corroborated this version of the care planning process. Critically, the mother felt aggrieved by the compulsory nature of the placement, however the continued full inclusion of the mother in placement planning was advantageous to the conceptualisation of continuity in this case as a long-term placement with the possibility of rehabilitation. Moreover, this inclusivity paralleled the conceptualisation of the sibling relationship as one which, was inclusive of the mothers relationship. There had been two case conferences since initial placement, and both the mother and Yan, the oldest sibling had attended, both their views had been clearly recorded in the case files. The case files also held written agreements in relation to placement planning and contact arrangements.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships

During the placement planning process there was clearly a conflict of views between the social work professional assessment and the families views. An initial assessment had shown that Yan needed an individual specialist placement, because he had experienced and witnessed domestic violence. Following a period of treatment, Yan would then join his sister in a professional placement. The mother and children's view was based upon the emotional need of the siblings to be together, this view was carried forward into practice. Both plans however in practice, represent a proactive commitment to sibling continuity, the former would have involved provision which allowed Yan to join Anna at a later date, following treatment. This would have required the mobilisation of contact arrangements between the siblings and between the siblings and their mother, the latter plan required and was given a foundation of support through the provision of psychological and psychiatric counselling services to Yan, whilst he was placed with his sister.

(4) The Availability of Specialised Placements able to Take Sibling Groups and the Relationship to Planning for Continuity

In this case, the initial assessment had envisaged Yan being placed separately from Anna his sister in a specialist small residential facility in order that he could have focused psychological or psychiatric counselling before then joining his sister in a professional foster placement. Critically, once again the value of the professional foster placement was that it was able to take a staggered entry of a sibling group, thereby, allowing flexibility in placement planning according to the individual needs of the children. This flexibility is particularly valuable in cases such as this where children have suffered a crises intervention and may have suffered physical or psychological trauma. Specialist placements are thus of value, in allowing an approach in which placement planning may be tailored to the child's individual needs physical, psychological and emotional. It is the latter which, perhaps most strongly relates to sibling bonds.

(5) Overarching Legal and Policy Frameworks

An important observation in this case, relates to the way in which statutory rights of parents and children within care planning for out-of home placements, act as a balancing factor to practice theory, within a system which holds at its axiom a view that the integrity of the family can be maintained by largely therapeutic intervention. Such intervention may be in support of the family as a preventative measure through pedagogues for example, or it may be through specialist placements for children with special needs. At either side of this axiom resides varying definitions of need provided by professional assessment and by parents and children. Critics such as Browning, have suggested that state intervention in relation to children and families in Denmark is largely governed by the professionalisation of a service which has hegemony in decision-making in relation to intervention within the family. What these cases have shown, is that support for and commitment to the integrity of the family in Denmark is clearly represented in a recognition of the emotional, physical, psychological needs of the children and their parents. By giving parents and children rights in the decision-making process, there is a clear recognition that emotional needs are not necessarily diagnosable and treatable by professionally trained personnel alone. A holistic approach to sibling continuity may well be contingent upon a recognition that such continuity is characterised by the intangible dynamics of relationships between siblings and their birth families. It may be argued that in most cases only the families themselves may be able to understand and define their needs. These needs have been accounted for in the cases above, where, the unseen has been taken as much into account as that which is empirically evident through professional assessment.

These observations may hold significance in that the perceptions of children and parents do in these cases give balance to professional assessment. Importantly however, these cases are given from the point of view of case managers, and despite corroboration from case files any qualitative analysis of inclusivity, requires views of parents and children, particularly in cases involving compulsory admission and greyzone placement, as discussed in Chapter Three,

where perceptions of involvement may differ from the above cases. The views of parents will be examined in the narratives below.

AREA C

Ethnographic Notes On Agency

When we arrived at this social centre it looked like a graffiti covered fortress. A series of barriers confronted us. At the first, an American man in his thirties was pounding his fist on the door and shouting, let me in. The directorate official explained he could not understand why he could not get in having pressed the bell. We could see members of staff milling around through the glass doors and steel lattice shutter doors. Eventually the doors were opened automatically much to our relief the American man became less angry and marched to reception. As we went up in the lift the directorate official explained that the social problems in the area were very acute and that there was a very wide ethnic mix which included white Americans, Moroccans, Italians, Irish, Turkish, Arabs and Asians. When we arrived at the correct floor we were confronted with a scene of case managers, kurators and administrators milling around endlessly we were shown into a tiny office where there were piles of very thick case files and told that we would not be able to have much time with case managers and kurators. The social centre manger said that the staff were available and would be called in when needed. The case files seemed very comprehensive.

Interview Context

I selected the cases of interest and the social services official spoke to the centre manager. The kurator and case manager and pedagogue were available for one of the cases. In the second case, only the kurator and case manager were available.

Case C1

Case Profile and History

Kurator:

“For this case there is a boy at the age of 11, who is placed with his brother, who is at the age of 14. The mother is having problems at the moment. In some ways it is because of her partner leaving the family and in some ways it is because of her financial problems do you think this Carl?”(turning to case manager)

Case Manager:

“Yes, although if we think about the whole family history we can see that it is more complicated than this. The mother has said that the father had very, I suppose we would say in Denmark traditional views of behaviour, and he was very strict with them, very strict if they would disobey him he would hit them with his belt. This is not tolerated here now, though it does still go on, we think that smacking children is not helpful to them. But there was more of a problem, because the youngest brother of ten would blame things on the older brother Mohen. Mohen has told me that he really hated his brother for this, because he would be beaten by his father, because of this. Jorgan the younger brother has said that he was so frightened of his father that he just used to deny things and his father would then simply blame Mohen, if Mohen was not around at the time their mother had to take the punishment.”

Kurator:

“Hannah the mother in this case has said that she thinks that Frederick, her husband who was of German origin, was just bitter and upset about his life. He did not have work but had once held a good job, a manager of a car showroom, I think. Anyway, one day a customer accused him of taking a wallet out of his jacket or something, and he was sacked, just like that. Anyway, he couldn't get work after that and when he met Hannah and moved to Denmark with her, he thought that he would get the work he wanted but it didn't work. Anyway, the father left his family last April. I think the important thing here, is the effect that this anger has had on the family. The mother had stress but everything was made worse by the problems which, became worse in the relationship of the brothers you see.”

Case Manager:

“It was this problem which concerned us from the start. It was hard for them they had learned a way of life from their father and now he was gone. He doesn't write he doesn't phone. The boys seem to blame each other for his leaving, and from what they have said to me, they seem to miss him. But we feel that if we could give the mother some rest some break from the boys and at the same time be trying to help the boys relationship in a different environment that this would be positive for this family. We put it to the mother that a ship placement for the boys, just a two month placement

would give the boys a chance to see their relationship in a new light. When we talked to the boys about it they seemed quite happy about it, well it was almost like a holiday for them. The ship placements are a bit of an adventure sometimes. Yes, I suppose a lot of fun which is sometimes what young people need when their lives have been so serious and there has been tension in the family. It was very hard for the mother at this time but she knew the placement would only be for a short time. (turning to kurator)”

Pedagogue:

“When we were talking, she was not being very honest with me and this happened often I think that being with this man had left her frightened and also without any positive view of herself, it was hard for her that her sons would be fighting. One day she said that she had dreamed that her sons were in a boat and that when they fought the boat would not be able to hold them and would break then she would break inside, she would loose her strength and they would all drowned.”

Case Manager:

“It is true that in this social centre we have a very strong policy of trying to keep brothers and sisters together. We want this because we think that families have a better chance of having a positive future if the relationships of children are better. I have had cases where there was no choice but to separate the children, because they had very special needs and needed special placements but even in these cases we always bring the children back together, even if it takes some time to do this. We do this gradually the children always have some sort of contact and as much as possible. When children are living apart from their parents, it is enough of a shock for them we want some sort of secure road for children, and at least if the child is with their brother or sister they are having something from the past upon which to find a future. In this case, the children are only being separated from their mother for three months to give their mother a rest when they return home next month. We will have been putting measures in place for the brothers, more therapy for their relationship the mother will also receive financial aid, and I understand she wishes to be given a different house?”

Kurator:

“Yes, this is right she thinks that the neighbours do not like her because of the way her husband was and because of the boys behaviour. She wants a new beginning for her family. We will probably give her a house in a different district, which will begin some problems because as you know when families move to a new district so they change social centres. Crazy isn’t it, but you see everything is tied into our centres - social security benefits, education, special counselling, psychological therapy you know everything.”

(I) Definition of Continuity

The centrality of sibling continuity planning in this case, is defined by the case manager, kurator and pedagogue. In terms of planning, the views and feelings of the mother and children have been considered and a short-term placement in a specialist Ship placement is organised. The case history locates problems within the sibling relationship, as emerging from the way in which the family operated before the father left. Sibling therapy offered within the context of a ship placement would, it was hoped, begin to reduce these problems, which could so implicitly be negative to the future stability of the family. The continuity of the sibling relationship was thus integral to the continuity of this family. In practice treatment measures taken for the sibling relationship would be paralleled with financial help and possibly re-housing for the family. The case files corroborated the existence of these measures.

(2) Definitions of Inclusivity and Partnership

The views of the mother and the children in this case, were sought and the decision for out-of-home placement was by agreement. The mother and the children were also involved in the planning of the placement and the pedagogue played a central role in working with the mother to define the core aspects of her stress, which centrally involved the problematic relationship between her sons. The short-term placement would have two functions. Firstly, the ship placement would offer an environment within which the two boys could begin to see their relationship in a different context with the help of key professional workers, which include psychologists and pedagogues. Secondly, the mother would be able to have some respite. The pedagogue made a comment about the importance of this:

Pedagogue:

“We give the mother in this case a chance, a chance to reflect on all that has happened, not without support and counselling, there are counselling sessions. But we want the

mother to be finding her own solutions, we want her to be herself, by being by herself. When she has allof the burden removed she can think clearly about things and begin to think more clearly about her problems, and the family's problems, and what support she would like from us. You know, how we can help what we can do. In this case I am finding that through this process (is that the right word?)”

M.E: Yes

Pedagogue:

“Well, through this process, the mother is beginning to be more involved in decision-making, it is more real for her, because she is now being more honest with herself through this time of being allowed to think about her life. Her psychologist is helping her with this. But you see it couldn't be done without having the burden of the problems of her sons lifted. She had already said that she was worried that the whole family would 'drowned' unless her sons relationship was made well again. If you are worried about this, you can't think about what your problems are, and we cannot say for a family what their problems are, it is for them to tell us, that is where we begin. Then we can begin to make decisions.”

Discussion

The definition of inclusivity and partnership offered by the pedagogue here seemed to offer evidence the value of the parallel approach of measures for the children and measures of support for the family. The view that parents and children could only begin to define their problems, and the solutions to them if they had the right conditions, is perhaps most illuminating and contrasts very sharply with practice in the UK case study survey. Denmark is the only European country where child care policy and practice is based upon the importance of such a parallel approach in out-of- home placement. Logically, this is consistent with the conceptualisation of continuity as rehabilitation unless there is a continued risk to the child. The implications of this in terms of sibling placement, contact and continuity planning are several. These kinds of support measures, which are an attempt to remove situational constraints, may give parents and children more of an opportunity to realistically define their own situation, to reflect on their situation whilst being supported in this. It may be that parents and children, particularly those who have experienced specific traumas or stressful situations are allowed to develop their own solutions. These solutions may be more relevant to them and to their families. These are all theoretical presumptions and clearly an analysis of such assumptions requires enquiry into the thoughts and feelings of

parents and children involved in such cases. An enquiry into the thoughts and feelings of parents will follow in the narrative analysis at the end of this chapter. For now all that can be said about these practice theories is that if families are to be offered the chance to define their own problems and offer their own solutions there must be adequate resourcing to realise this input into decision-making.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

A pro-active commitment to the maintenance and continuity of the brother's relationship in this case was in practice evidenced by an initial need to use the respite placement and sibling therapy to try to rescue the relationship. The problems within the relationship were in the view of the social work professionals involved, derived from the authoritarian relationship between the father and the rest of the family. When the father decided to leave the family, continuity for the family as a whole depended upon the brothers' being able to see their relationship in a different and more positive light. Thus, continuity for the brothers was integral to continuity for the whole family. Clearly, this case like all of the cases offered in this analysis are more complex than this. For example, the boys had been socialised into a family culture which accepted this kind of authoritarian model and it would be a steep learning curve before they accepted that there were other, more democratic models of family life. Despite this, the most pivotal aspect of this case was the way in which practice, and particularly decision-making in relation to practice was seen a process. This process was supported by a context, which allowed parents, and children, time to consider their problems and define solutions, in a way which seemed relevant to them. In many of the case files examined there seemed to be loose ends. Of interest here is a concern to provide stability for children. However, the factor, which seemed to give children in out-of-home care a kind of stability and continuity was the degree, regularity and quality of contact with siblings and their wider family. In some ways, there is a dichotomy to be found here in practice theory and out-of home placement for siblings groups and this does lie in conceptualisations of continuity and inclusiveness in decision-making.

Elaborating on this, in the Danish cohort the emphases in most cases, was based on the assumption that continuity and inclusiveness could only exist when planning emerged as a process, in which parents and children were enabled to define their own problems and solutions as relationships developed and situations changed. As has been identified in the case studies above, conflicts may occur between children's views and parents views. In addition, there are clearly sometimes conflicts between professional assessments and parents views, which may be detrimental to sibling continuity planning. However, the debate here seems to occupy an arena defined by two opposing wings. In the British cohort, as evidenced in Chapter Four and Five, emphasis is placed on permanence in many of the cases, in Denmark such permanent solutions and stability depend upon a definition of continuity and inclusivity which sees decision-making as vacuous without the right conditions for all parties involved. Such conditions require a lengthy initial assessment. This view of decision-making as a process involving the right conditions and support mechanisms for all parties also requires substantial resourcing this would be extremely problematic in the current financial context in which British social work practice operates.

(4) The Availability Of Specialised Placements Able To Take Sibling Groups And The Relationship To Planning For Continuity

The availability of a ship placement for the two brothers in this case was of therapeutic value to the brothers and also acted as an appropriate support measure for the mother. As has been described in the opening section of this chapter, ship placements are literally placements of young people usually aged 12 to 16 on board ships. If the placements were to be explained within in a British context it may be possible to liken them to projects which involve intermediate treatment for young people. Importantly however, ship placements are staffed by child psychologists, and other child care professionals.

(5) Overarching Legal and Policy Frameworks

Planning in this case benefits from the legal obligation which provides that services are appropriate to the needs of children and their families. Moreover, the inter-departmental nature of social centres themselves, combined with the commitment to support measures for families with children in out-of-home placements are of obvious benefit in this case.

Case C2

Case Profile and History

Case Manager:

“The twin brothers are aged four in this case, both have special needs as a result of their suffering foetal alcohol syndrome. One of the brothers, Ciaran is also almost blind, and he is not developing well. The second brother, Saul, has even more severe problems and the left hand side of his body does not function well he has communication problems. Both children were placed in out-of-home placements at birth. The mother agreed, when she talked about her life we could see how difficult things were for her. It was not just the alcohol problems, when we talked to her after the babies were born she said that her father had thrown her out of the family home, she said he thought she had insulted the family. The family was of Irish origin, and the parents were devout Catholics. Marie-Anne was really left to cope for herself, she was seventeen when she was being thrown out of her home. She has told me that she just wanted it all to end, to be over she did not want to be alone. There are centres for the young homeless in this municipality, she would not be homeless but without a family she drifted. Really, I think the hospital should have picked up on this earlier but officials there said that she had lied about her age, about everything really. The two brothers are in separate professional foster placements. The foster carers in this case have special training for children with special needs. We talked it through with the mother, who agreed that the boys needed quiet placements due to their special needs. The professional foster carers live very close to each other and they are sisters themselves so the children see each other often. I think we did this on purpose?”(turning to the kurator)

Kurator:

“Yes, it was a deliberate plan at the time. We do not like separating brothers like this but we knew it was the only way because they had been so damaged. We had to be care for their needs. If they were to show any signs of improvement they would need a lot of individual attention. The mother was very pleased when we told her that the foster carers were sisters. The mother met the foster carers very early on, and she has had contact every week ever since. We have a plan that the children will return home to their mother eventually in this case. It is important that the mother is given all the support she needs to solve her problems in the meantime. If the children are to be with their mother we will need to be sure she has help with child care and uses day

institutions for children with special needs. We are trying to reunite the mother of the boys with her parents but she has told us that they won't speak to her and do not want to know about the children. It is a sad case, the mother has been to a clinic for alcoholism and no longer has a problem with alcohol abuse. The mother is twenty one but she has no family and has very few friends, we are encouraging her to go back to education or training. She has decided to go to college to study drama we are hoping she will make more friends."

Case Manager:

"The boys know who their mother is, and they have grown up with each other because they see each other everyday. Although they are separate we have tried to keep their bonds strong, and to keep them aware of their mother too. It is true that the boys have grown very close to their carers, but what we have here are three women bringing up two boys and I think they need that much love and care at the moment."(makes eye contact with kurator)

Kurator:

"Before we were placing the babies, we did introduce the foster carers to Marie-Anne. We wanted to see how well they would, you know like each other. We were lucky, Marie-Anne seemed happy that they would look after her sons, it was important you know when she was to make visits, we wanted her to be able to talk about her sons and feel part of everything that was going on. After meeting the foster carers Marie-Anne agreed to the placement, this was good. She was pleased that they were sisters like us. I think she was feeling a lot of guilt at this time, and was really quite ill with her alcohol problem she needed to think that everything was being done to help the boys this did help her I think."

(I) Definition of Continuity

This placement is long term. However the care plan within this case file does make rehabilitation in the long term explicit. Support measures for the mother who is a young single parent are evident and define a rehabilitation definition of continuity. Sibling continuity is part of this definition and measures supporting this include, using foster carers who are closely related to ensure that contact is frequent. Regular contact with the mother is also seen as important in operationalising continuity planning.

2) Definitions of Inclusivity and Partnership

The mother in this case is included in the placement choice, and her agreement comes after she has met the professional foster carers. The decision-making process is in this sense led by the social work professionals in this case, in terms of the initial choice of carers.

However, the involvement of the mother, in terms of the final decision is seen as important both in terms of partnership in planning itself, and in terms of the degree of quality which would be achieved in contact arrangements. Caring here is seen as a triangle between the mother and the two foster carers. When asked about choices of particular placements, the case manager said that once the type of placement had been decided upon with parents and children, the social centre would only be able to offer about three or four choices to the family, if they rejected all of these choices then the professionals would choose for them and would try to get the agreement of parents and children.

The case files showed that the plan had been agreed with the mother and that contact arrangements were to be arranged between the mother and the foster carers.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

These brothers were brought into out-of-home placements at birth, they had special needs and were only four at the time of this survey. For this reason a very high degree of pro-active commitment was necessary in order to ensure sibling continuity. The deliberate selection of individual professional foster carers who were sisters, demonstrates the commitment to sibling continuity in this case. The kurator in this case felt that this ensured the quality of contact between the brothers.

Kurator:

“If we are making these placements, we know that the sisters are happy and relaxed with each other, the children will feel happy and relaxed, we want them to feel secure. When this is happening, it will be better for their relationship as well, they can feel part of a family.”

(4) The Availability of Specialised Placements able to take Sibling Groups and the Relationship to Planning for Continuity

The availability of two professional foster carers who also happened to be sisters was of significance in this case. The children were very young and had special needs requiring individual attention. Sensitivity to these needs, and the relationship to quality of contact between the siblings, led to the choice of these specialised placements. These placements were thus pivotal to sibling continuity planning.

(5) Overarching Legal and Policy Frameworks

The availability of specialised placements in this case evidences the commitment to resource expenditure on out-of-home placements within this municipality. As has been discussed in Chapter Three and in some of the cases above, this degree of expenditure is obligatory on behalf of these local municipalities as it is stipulated within the Social Security Act that local authorities must meet the needs of children within their care. Moreover, the support given to the mother in this case also demonstrates the application of legal principles which give importance to the integrity of the family, even in cases such as this where it was the mother's failure in drinking alcohol during her pregnancy which led to her children being placed in out-of home care as a result of foetal alcohol syndrome. On a more general level, the concern with foetal alcohol syndrome in Denmark has led to a national programme of support for pregnant women who have alcohol problems this programme is a multi-disciplinary form of treatment involving health and social work professionals.

Area D

Ethnographic Notes On Social Centre

As we approached this social centre the senior official from the social services Directorate explained to me that it was a new building which was 'made for all the work inside', I asked if he meant built for the purpose and he said "yes I think that is the English". Everything about the building seemed curved in some way. When we went inside the first scene to

confront us were a number of people all sitting around a very large table eating breakfast. It was explained to me that the professionals here always have breakfast and lunch together, not just to talk about work but to spend time together relaxing. The building was in sharp contrast to the last social centre we had visited in area C, which I had felt was very uninviting. When we went into the office we were given a number of files to look at and select from, we were told that the amount of time to do the interviews would be about two hours.

Interview Context

In both of the cases, which followed, the pedagogue, kurator and case manager were present. There were some language difficulties in one of the cases as the kurator was Yugoslavian.

Case D1

Case Profile and History

Case Manager: “I have been seeing your questionnaire but I am not sure what you would like me to tell you about this case?”

ME: Could you just start by talking about the case history?

Case Manager:

There are three children in this case. One boy is 10 and his sisters are 12 and 14 years. The mother came to us, she was not well, she was not well in a mental way I think, you know in her nerves, it was stress and she was telling us she had just found out she had HIV. She needed much help to cope with everything. When we talked to everyone to find out about everything that was going on, we found out that there were other problems. Hannah (the mother) was having problems with her partner the children's father. There was no physical violence from what we found out, but a lot of emotional violence, do you know what I mean? We were very concerned about it you know, because of the effect on the children. When we did research we also found out that some of the neighbours knew that the mother had HIV, they said that they just wanted her to move away. When we talked to the mother she said that if it was not for the children she would just lock herself away somewhere to die. She was also saying that she wanted to move away from the area and that she knew that we could help her to do this. When asked about her children's health, she said that she had got the illness well after her last child was born and was very careful when she or the children cut or hurt

themselves. She had not told the children but she was not sure whether her oldest daughter knew from neighbours. She also said that money was a big problem to her since her partner walked out because she had to have a special diet. She was very angry and bitter because it was her partner that had caught the virus from someone else, he admitted this before he left the family home, at the same time she was very frightened about what would happen to her children should she die. She said that if she died they would have nobody they would be alone and she asked what we would do for them. After we had found these things, we decided to talk to the school to see how the children had been affected. The situation for the children was not good, some of the other children knew about their mother and would call them names, the children were very unhappy at the school and they were not making progress. We had a meeting with workers from the health education, housing and social security services within the centre, and decided we would talk to the mother about a plan we were thinking about. The plan would be to give the mother a new house in a new district and give a short placement for the children in a collective commune. They would all be together, they would have special counselling about HIV because we think that it is better to educate than to keep children in the dark, then they know the risks. The children would be there for six months. This might seem a long time, but we thought that they would get individual help with their education to help them with their development as well. After this we would find a school for the children in the district and the children could go home. We would continue measures of financial help for the family, as a municipality we are allocated a special grant for such measures for families living with HIV. When we spoke of the plan to the mother, we went along with a health visitor and with a professional who worked at the collective commune in case the mother had any special questions that we couldn't answer. The mother was very pleased about the house in another district but she was not happy about the children going to a placement for six months. We talked about it that they had seen a lot of what had happened with their father and the way he had treated her and they were also not confident in themselves and insecure. We wanted them to be ready for their new school she began to agree, but she was still not very happy about it. We said that we would not be happy to give her a new house, a new place to live unless we thought the children were ready. We were really concerned about the emotional abuse that they had saw their mother suffering. Calling of names of this kind can cause serious harm to children we did not know how much the children had suffered. We were also very worried about the effect that the calling of names and isolation of the children had on the children. When we told this to the mother she seemed happier to allow the placement." (kurator interrupts)

Kurator:

"When we asked the children about the placement, we asked them individually that way one sibling could not make pressure on another. The youngest sibling, the boy Yan said that he would like a holiday just not to have to go back to his school for a while. He started to cry and said that he would not like to go back to his school again he was really badly affected by it all. When we asked the two older sisters they said that it would be a good thing for them, and the oldest sister thought it would be like escaping from a constant hail storm she said her life was just like having to walk through giant hail stones everyday, the stones would hurt her, but she had to protect her younger sister and brother from them she said she was tired and maybe the commune would allow her to rest for a while. When we asked the children about being together, it seemed to be most important to Greta, the older child. She said, if she was not with them then the placement would be a waste of time because she would worry about her younger brother and sister all the time. The children knew that they would have as much contact with their mother as they wanted during the placement, we would pay for

the journey which was long. Hannah the middle child thought it would be good for the mother 'it will give her a rest she often says when she is angry she tells us that she wishes she could just get away from it all just for a rest'.

(I) Definition of Continuity

The perception of continuity in this case was clearly one of rehabilitation. The placement was short term in purpose. The sibling group was placed together in a specialist placement, a collective commune. As has been described above, such placements are meant for older children and often have a therapeutic purpose related to improving self esteem or peer group skills. This placement also involved individual educational tuition aimed at enabling the children to achieve academically and thereby improve their confidence for their new school.

(2) Definitions of Inclusivity And Partnership

It is difficult to profile or give definitions to inclusivity and decision-making in this case. In the latter half of his account of the way in which placement planning was conducted, the case manager clearly indicates to the mother that unless the short-term placement was agreed to, it would be unlikely that the mother would be re-housed. Whilst such pressure does not denote a greyzone placement, (defined at the beginning of this chapter), since the children were not defined as being at obvious risk and therefore this was not a compulsory placement, it does seem, that in order to gain access to the new housing and financial benefits, the mother would have to agree to short- term out-of-home care for her children. The case manager clearly sought to justify this sort of pressure by stating that he was worried about the effect that the emotional abuse of the mother by the father had had on the children. Despite this, it may be argued that real partnership in sibling continuity planning was not entirely achieved in this case from the mothers point of view. Part of the reason for this seems to lay in the fact that whilst the mother was clearly able to define her own problems, particularly in relation to the stigmatisation she had suffered at the hands of her neighbours, she seemed less aware or perhaps did not want to think about the full effect that these problems had had on her children. The comments from the children, described by the kurator does in a sense show the

extent of these problems, and perhaps justifies the balance towards professional assessment in care planning and sibling continuity in this case. Moreover the children clearly make explicit their wish to go on this placement and in this sense the rights of this sibling group in relation to placement planning do act as the axiom of decision-making in this case.

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships

The placement of the siblings together in the collective commune does indicate a pro-active commitment to the maintenance and continuity of sibling relationships in this case. The importance of their relationship in this particular case is allowed expression through the individual interviews with the children. The case files clearly show that the views of the children are written down and the two older siblings have signed the agreement for the care plan in this case.

(4) The Availability Of Specialised Placements Able To Take Sibling Groups And The Relationship To Planning For Continuity

The availability of a collective commune in this case is beneficial to planning for sibling continuity, in that placements of this type may be grouped with ship placements and residential placements in being able to place larger sibling groups. The therapeutic nature of this placement type was also beneficial in this case, as the children clearly had a need for therapy in relation to the loss of self esteem and self confidence, suffered as a result of the stigmatisation of the family.

(5) Overarching Legal and Policy Frameworks

Whilst the starting point of decision-making in this case can be located in the definition of the problems by the mother, as the stigmatisation of the family. The enquiry into the wider issues, and problems encountered by the family, clearly led the professionals involved in the case to feel that solutions to the problems encountered by this family which was living with

HIV, could not simply be confined to new housing and a new start. The children's needs were considered in the professional assessment, as being of pivotal importance if the re-housing strategy was to succeed. Having interviewed the children, the placement plan offered to the mother was based not just upon the family's needs, as defined by the mother, but also upon those needs defined by the children and a multi-disciplinary professional assessment. In this sense, the children's rights in relation to decision making were explicitly realised. Part of this professional assessment involved the placing of the siblings together. Whilst there does seem to be a sense in this case in which the mothers legal rights in terms of decision-making were not fully realised as a result of the exercise of children's rights and the overarching professional assessment in this case, it is clear that this was not a greyzone placement in the sense that a compulsory care order would have been used in the absence of the mothers agreement. However, it is clear that the mothers access to resources such as re-housing may have been hindered by her lack of agreement with the plan. This may raise issues in relation to the way in which such resources are used as bargaining counters in placement planning

Case D2

Case Profile and History

Case Manager:

“This case involves four children, a boy who is fourteen and his sisters aged 10 years eight years and five years. The boy, Yorgan was placed first, and is about 400 miles from his sister's placement. This is a priority case for us. The first boy was placed about two years ago it was a compulsory placement. When the sisters were placed just about three weeks ago now it was by agreement, it was not possible to place all of the girls together with Yorgan in the same socio-pedagogic commune, this was mainly because of their age. We are not happy about this. Well if you want me to talk about the case I will try. In 1994 it was first brought to our notice by the school that Yorgan always seemed to have some sort of bruising on his face you know really bad bruising. One day he was sick at school and when the nurse asked him to raise his shirt he refused. The school also said that he would not do any sports and was often alone and very sad. We were very worried about this, so we began to try to find out about his family, to have any idea of what was happening. We visited the family who were being treated very badly by the father who said it was not any of our business. We wrote a

letter to Yorgan's mother, asking if she would come to see us about him, we said we were worried about him. To our surprise, Yorgan himself came he said he had found the letter and wanted help to find somewhere else to live. When we talked, he told us that his mother was very ashamed of him, he was not his father's son he was born because the mother was raped, and his father would not accept him, he was different to his sisters, he was not part of the family. His father would blame him for everything that went wrong, he would punch him. Yorgan showed us bruising to his chest he was very embarrassed by this, he began to cry. We decided that we must try to talk to the mother. His mother was very angry that Yorgan had come to us, she said that Yorgan's father had worked hard to keep him despite everything. We decided that we would put a plan to Yorgan's mother that the boy should be placed in a socio-pedagogic commune. The mother refused, saying that it was Yorgen's place to help out on the families farm (the family had a small holding) and that Yorgen owed it his father. When we said that we thought Yorgan was at obvious risk of being abused in a physical way and that this was also causing problems with him in an emotional way, the mother would not accept this. We wrote to the father and mother who again refused to accept our worries for Yorgen. We decided then it was time to go to the local child and youth committee for a compulsory placement, this was granted, and the parents said that they did not want anything to do with Yorgen after this. When we suggested to Yorgen that we could make a plan for him to stay at a socio-pedagogic commune, this would give him a chance to make new friends. Yorgen agreed to this. Yorgen has really settled into the commune he is much more happy now. We were not happy about this case however because he had not seen his three sisters for two years now because his parents will not allow it. There did not seem to be any issues about the girls themselves until about two months ago when the health visitor said that she had seen bruises on the five year old Natasha. The health visitor was also concerned because the girl was how do you say it not just quiet but very sad as well."

M.E: Withdrawn?

Care Manager:

"Yes that must be it, withdrawn. Anyway, when we talked to the school about the other two sisters, they said that the girls would not go in the shower after sports and that they thought this was strange. The girls were always together at school and did not seem to have many friends. Sonya's teacher said that she had written a story for homework. In it she had imagined herself falling into a well, and a man came to rescue her, but as she was pulled to the top, the man laughed in her face, and punched her in the side of her head, where no one could see because of her hair. Then he let her fall back into the well. At the time the teacher was a bit worried about this because it seemed like a brutal thing for a child to describe but when the teacher took the work to the head teacher he said that she had probably seen it on one of these American cop shows. They show them here a lot in Denmark. We decided to talk to the children at the school, we had written to the parents saying that we wanted to do this and the mother said that this was alright, looking back now I don't think the father even saw the letter." (making eye contact with kurator)

Kurator:

"No he is a difficult man to talk to. I think the mother was frightened of him. When I have been to see them he does all the talking, and she always seems very nervous and

tense. We only really began to talk well to the mother when she decided to come and see us. You see she loves her daughters, she could not seem to love her son, he reminded her of the man who raped her, she told me this. The mother also said that after Yorgan went away, she thought the family would be able to be happy. Her husband began to beat her daughters, not so much at first, just slaps, but then he began to punch them, like he had hurt Yorgan. There was no reason for this. The mother began to cry, she said she did not know what to do. When we put it to her that the girls were at risk and should be placed with a professional foster carer until there was not a risk to them, the mother was not happy. She told us that she loved her husband and she loved her daughters and that they should all be together. We said that we were so worried for the girls who were obviously being beaten, that we would have to go to the child and youth committee if she did not agree, anyway. The mother came back to us three days after this interview and said she would agree to a plan, she said she wanted to be involved in all of the decisions taken about her daughters, it was important to her. Her husband had seemed to not care about all of this."

Care Manager:

"He was a very strange person, I thought that he might have psychiatric problems at the time, but there was not a possibility of his agreeing to counselling or help. He once told me that children need to learn that life is not as good, as they are thinking it is going to be. When we met as a team, we decided that we would put a plan to the parents, and the children that the three girls should be placed together with a professional foster carer. The placement would be a long one but the mother would be able to visit as she wished. When we spoke to the girls one at a time they are asking where the placement would be. To our surprise each one of them asked if they could go and be with Yorgen, they had not seen their brother for two years, they were not happy about being given the choice of a placement so far away from their brother. We decided to contact Yorgen because we knew of a professional foster placement that would be able to take all four children but not until August 1997. We asked Yorgen if he would be happy to leave the socio-pedagogic commune to be with his sisters. He said he would be happy to do this. He said he had missed his sisters and had worried about them at night time, he thought his father might be brutal to them. The sisters have agreed that the placement they are in now will be until this date and that then they can be with their brother, this seemed to be important to them. The youngest one had said that her father had told her that her brother was dead but that she did not believe him she knew she would see him again. We are concerned that contact will be difficult until this time, the professional foster carers' of the girls has said that she will make the plane journey once a month so that the girls can see their brother. We will pay for this of course. If the children are to be together there must be some sort of contact some sort of relationship until next August."

(1) Definition of Continuity

Sibling continuity planning was very problematic in the initial stages of this case. The parents disowned the elder brother once he was placed in care, and as a result the sisters were unable to visit him. The entry of the three sisters into care two years later however, meant that sibling continuity planning could take place. The sisters had each indicated at the initial planning stage that they wanted to be with their brother, when this was not possible a new placement was found for the entire sibling group. Contact between the siblings would occur on a monthly basis, until the new placement was available. The placement of all the siblings in this case was long-term and there was seen to be little chance of rehabilitation for as long as the father refused to accept any sort of responsibility or counselling for his behaviour. Sibling continuity planning thus became central to care planning in this case. Continuity of contact with the mother was ensured. When I asked about continuity in this case the care manager said that.

Case Manager:

“Sometimes there is little chance of bringing a family back together, like in this case where there is obvious risk, we must think of the children first, it is their wishes and rights that come first. I have known cases, where things change dramatically, you know the father might leave or something, and in such a case we might consider re-uniting the children with the mother. But in this case the father will not even accept that what he has done is wrong, we think he may be mentally ill, and it is too dangerous for the children to return to the family home. The mother and father had decided that they did not want to know Yorgen, once he had come to us for help. It is very unlikely that Yorgen will ever be re-united with his parents his mother has not visited him for two years, it seems she does not forgive him. Yorgen’s placement was to be long in duration for this reason.”

M.E: Would adoption ever be considered in a case such as Yorgens?

Case Manager:

“No, adoption here only really happens when there is no family at all left for the child, it happens here maybe twice a year and only for very young children usually babies. In this case it has turned out to be a very good thing that Yorgen was not adopted. If he had been he would never have had the chance of being with his sisters. We did not think that the same problems would occur with the three daughters in this family, but it

did, sometimes you cannot predict things and adoption is such a final solution. I can see how it can bring security to a child, but life may not be as simple as that, the course of a child's life can take many twists and turns, and if we can reach children, find out what they want, then this is what matters at every point. You cannot just give children a package like a Christmas present, and say they you are, there's your new life with your new parents, children especially older children cannot just be letting go of their past, just like that. We think that our placements give the children a stable and secure life without pretending that they do not have to work with and be building upon what was positive about their past. In some cases children may have suffered the worst pain or stress, because of their parents treatment of them, but when you talk to them there is always some thing about their family life that they can say yes I can build on that. Often it is to do with their brothers and sisters. I think it is because with your brothers and sisters you are equal, you feel like you have a comrade and the relationship that grows through giving support to one another is more important than anything else in your life. I remember Yorgen telling me that he remembered when he was fifteen, he felt that his life was not worth going on with. He went to the bridge over the lake near his house, and he thought of ending his life in the 'black water', but when he looked in the water he did not see his reflection he saw his younger sister Hannah, and he thought of how she would cry when she heard the news of his death. So he decided he had someone to live for and he went home. In Yorgens case if we had put him with new parents, as it turned out, we would not have been able to bring him back together with his sisters,so adoption is not a good thing for care planning unless you are sure of the future and we can never be sure of that."

(2) Definitions of Inclusivity and Partnership

This case could be defined as a greyzone placement (Hestbaek). Agreement with the mother in this case, was only gained, after it was put to her that the case would be taken to the local child and youth committee if necessary, because they thought that the three girls were at obvious risk of physical abuse from the father. Implicit in the dialogue, which occurred between the mother and the social work professionals in this case, is that agreement with the placement will precipitate more involvement in decision-making and care planning for the girls. Importantly however, all four children in this case are very heavily involved in placement planning, and their wish to be together as siblings led the professionals in this case to suggest a plan, which would allow them to be placed together in a professional foster home during the following year. Towards the end of the interview the case manager told me that the only major worry about this case, was that the mother would be very opposed to the children all being placed together. When I asked him how he would resolve this he said:

Case Manager:

“It is difficult, you have children’s rights, and you have parent’s rights, but when we have a case like this, where children’s rights have been very much forgotten by the parents in the home, the family is no longer working as it should be. The children should be given the chance to be saying, no, we have been through so much, it is now our time to make the decisions. So here, when we are seeing that there is little chance of the family coming back together in the near future, because of the brutality of the father we must say to the mother, you must be understanding that you have not been thinking of your children’s rights, when you have been allowing them to be beaten by this man, you must be listening to your children first. Now, it is what they are wanting that will be coming first, and they are wanting to be a family with their siblings and that is good. We will say to the mother that she has the right to see all of her children. If she only wants to see her daughters then that is sad, but if that must be then she will have to see them in a different place from the foster home, because it is her choice. We do not like this way of doing things but the mother does have a right to see her children, we would be happier if she would see all her children, we do still talk to her about this but it seems she cannot do this. So this is how it will be in this case, every case is different, but children must be always asked about what they want, and we will always be giving them information so that they can make a good choice.”

The case files showed that there had been seven case conferences, the last three attended by the oldest boy and oldest girl in the family. The files documented the views of all of the children, and there was a copy of the care plan for placement together in 1998 signed by all of the children, and the mother in this case. The kurator said it had been very difficult to get the mothers agreement for placement of the children together but that she had accepted that it was what her daughters had wanted and was happy with the contact arrangements in the agreement.”

(3) Social Work Practice and a Pro-Active Commitment to the Maintenance and Continuity of Sibling Relationships.

A pivotal factor in the latter stages of this case, was the degree to which emphasis on the rights of the children in this case were given precedence over the rights of the parents, or more specifically, the mother in this case. In doing so, the children clearly indicated their wish to be placed together as siblings, and the professionals involved were then able to offer them a future placement together, with regular contact in the meantime showing a clear pro-active commitment to maintenance and continuity of sibling relationships, once the children were placed in out-of-home care.

(4) The Availability Of Specialised Placements Able To Take Sibling Groups And The Relationship To Planning For Continuity

As has been discussed the later stages of care planning in this case demonstrates how the rights of the children involved took precedence over the rights of the mother, in terms of decision-making within placement planning. The children expressed a wish to be placed together, and it was only the availability of a specialised placement able to take larger sibling groups that made this continuity planning possible. The availability of a placement within the socio-pedagogic community for Yorgen the oldest sibling was also important in terms of his own needs for a therapeutic environment.

(5) Overarching Legal And Policy Frameworks

One of the most interesting and perhaps significant aspects of continuity planning within this case, was the way in which the influence of the parents, and children were channelled within a professional assessment of the case history and subsequent purpose of placement. The designation of the placement of all the children as long-term, was given the underlying

rationale that whilst contact with the mother in this case was still acceptable, it was very unlikely that conditions within the family home, where the father had committed physical abuse, would allow for the children's return home in the short term. Having made this assessment, it was decided, particularly in the light of the trauma that the children had suffered within the family home, that children's rights in this case, should take precedence over the parent's rights, in terms of placement planning. Gaining an agreement with the mother, which allowed the placement of the siblings together was problematic because of her rejection of her eldest son. These problems were resolved by giving the children greater say in relation to sibling continuity planning, whilst at the same time ensuring that the mother would be allowed contact with her daughters in a neutral venue. The issues raised by this case perhaps concern the relationship between overarching legal principles and practice. Whilst it is clear that most of the cases examined in this research have revealed a careful balance between the rights of parents, the rights of children and professional assessment in decision-making. The biography of some cases demands that the rights of children be given precedence in terms of care planning. In this case, sibling continuity planning was central to care planning, both implicitly in terms of a therapeutic rationale, given the case history as expressed by the care manager, and explicitly given the views of the children themselves which were written in the case files, and which became integral to care planning itself. In this sense, perhaps the legal framework of the 1992 act, which includes the importance of the rights of children in decision-making particularly those aged 12 and over, can be related to practice by the realisation of implicit and explicit rights for children. In terms of practice theory, sibling continuity may be seen as an implicit right of children placed in out-of-home care, the shape of this continuity in terms of placement planning may be dependent upon the biographies of individual cases, the fulfilment of individual needs, and family circumstances. However, what is clear is that when explicit rights of children are realised and children themselves define their need to be with their siblings, then the importance of a pro-active commitment to sibling continuity planning becomes vital. In practice, decision-making and the rights of parents, and children, which are legally enshrined with the Danish system are given some balance by the recognition of case biographies and professional prognoses of the

degree to which, integrity of the nuclear family can be realised in the short and long-term. It may be argued that in cases where in English terminology, protection issues do take precedence, such as this one, then that provision does in practice make clear the overwhelming rights of the children in such cases. In this case parental rights to contact were adhered to, however in placement planning the children's views were seen as being more important and acted as the driving force in the latter stages of this case.

A significant issue raised by the case however, relates to the existence of greyzone placements. This case evidences the circumstances, and the possible ways in which such placements may occur. Whatever the moral rights and wrongs of such practice, it is important to note that such placements may mask the true number of compulsory placements by being officially designated as being by agreement. Recent research has estimated the number of greyzone placements as being around 10%(Hestbaek 1998). Previous research has put the number at around 6 to 8% (Pruzan 1997, Christopherson 1996). The implication of this, perhaps lies in the degree to which the interpretation of legal frameworks and practice guidelines, is at the hands of professional discretion. Thus, although national prescriptions favour gaining the agreement of parents, over compulsory placement. In greyzone placements, and it may be suggested that such cases usually involve protection issues, gaining some sort of agreement with parents does at least lay the foundations for future involvement in decision-making. For as some of the narratives given below by parents show, when placement is compulsory, it becomes very difficult to feel part of the decision-making process. More significantly perhaps, as the case above illustrates, professional discretion does operate in such cases to give children's rights precedence over parental rights, particularly in cases where the existence of an environment where there remains an obvious risk to the children means that it is difficult to plan for rehabilitation in the short term. In such cases, the implicit and explicit rights of children in relation to sibling continuity, as defined above are placed into sharp profile within the Danish system.

Questionnaires from Parents Association

Case profile One (A)

In this case, both siblings are boys they are aged five and twelve and have each had one placement. The mother is happy with the first placement, as the first child was taken into care under a voluntary agreement. The second boy was taken into care under a compulsory care order. The children have been placed separately, they have contact with each other once a month at each others foster parents. The mother is not sure whether she is happy about arrangements for contact between her children. She thinks they should maybe have more contact. The mother would like the children to be placed together at the older boy's foster parents. The mother has contact with her 12 year old boy's kurator once every 6 months and at meetings. She sees the kurator of her second son once a month, at the same time as she visits her son. She also sees her kurator at meetings. The mother does feel that she has a very good relationship with the kurator of her first child she feels able to confide in her. The mother feels she does not have as good a relationship with the kurator of her second child. The mother responds that she is worried 'a little once in a while' by the influence her kurator has when decisions are taken in the case of her second child. The mother wanted the placement for the first child, however she was forced into placing the second. The social worker decided levels of contact in the case of the second child. In the case of the first child the mother feels she has a say in decisions made about her child and she has full say in the way decisions are made about her child. In the case of the second child she has hardly been consulted. The mother does not have a pedagogue. The mother does not feel that she has as equal a say as foster carers/residential workers in decisions taken about the placement and contact between her children. The mother does not feel she has retained full parental rights whilst her children have been in foster or residential care. The mother feels that she cannot work in partnership with the kurator in the second case, however she can work in partnership with the kurator in the first case.

Narrative

Mother:

“I think there has been and is a better co-operation concerning my elder son. Maybe because the placement was voluntary. The younger was moved very quickly. I feel it was a brutal way to do it. It was much too fast. I have heard later that if I had agreed to the placement of the little boy, I would have more influence, but I don’t believe in it.”

Analysis

Is the law being used implicitly here? It may be that the placement of her second son was a greyzone placement. Is it that she does not believe her son should have been placed, or that she would have more influence in the decision-making process had she agreed to the placement voluntarily?

Two key questions are highlighted by this narrative:

- (a) Is the speed at which the second child was taken into care critical?
- (b) What are the assessment procedures in cases:
 - (i) Where a child is taken into care by voluntary agreement?
 - (ii) Where a child is taken into care by compulsory legal order?
- (c) How does this affect the decision-making process within sibling continuity planning in relation to the relative degrees of influence of parents, kurators, and pedagogues.

Case (B)

In the second case, the siblings are male twins aged two and a half. They are Danish and they are placed together. The mother feels that she can ask for a meeting with the kurator concerned ‘when it is necessary’. The mother is not sure about the relationship with her kurator, as she is new. The mother is not worried or put off by the amount of influence/power her kurator has. With regard to how decisions were taken about the placement and contact of her children the mother replies:

Mother:

“At first other people took the decisions very quickly, I was in crisis although I did decide contact and things like that with the social worker and the kurator.”

The mother feels that she does have a say in decisions made about her children now that she lives in the city. Earlier in Oestergaard she had not. In response to the question, would you like more of a say in decisions made about the placement of your children? the mother replies, ‘in some ways yes, but in most things I am involved’.

In reply to the question about the role of pedagogues in terms of facilitating her involvement in decision making (14), the mother replies that: The pedagogue does give her more of a say in the way decisions are made about her children, but sometimes she does not explain things properly to her. This is why she comes to the parents association to find out about what she is saying and about her rights.

The mother does not feel she has retained full parental rights whilst her children have been in foster care, she says she was given the choice of three placements and when she was not sure the social worker just decided for her.

The mother feels she can work in partnership with the kurator, and the foster parents but is worried about the power that her pedagogue has.

Narrative

Mother:

“My children are well in the foster family. I feel very bad about only seeing my children once every second week for 2 hours. I would like to see them once a week. My boys have only been at my home once in two and a half years - I would like them to visit me once a week but their placement is so far away I have to go by plane.”

Analysis

What is role the of pedagogue here? Does he/she have a key role in the decision-making process and yet perhaps the mother feels there is a power imbalance here? i.e. she feels she cannot work in partnership with her pedagogue.

Case (C)

In this case there are two siblings, a girl aged fourteen and a boy aged seventeen and a half. They are both Danish. The girl has had one placement since entering foster care and the boy has had two. They are not placed together. The mother is happy with the placement of the boy. However, she is unhappy with the girls placement as the mother wanted an ordinary placement, but the daughter chose a professional foster placement.

Mother:

“They do not respect me on religious matters. The foster carers they think I am a lousy mum. There is a lack of tolerance.”

The siblings have contact once or twice a month themselves, and when they are at home every weekend. In reply to the question: Are you happy about arrangements for contact between your children? the mother replies:

Mother:

“Yes and No. It is OK when they are at home at weekends but they should have more contact beside that.”

The mother does not visit them in their foster families. The mother has had a couple of meetings which her kurator then it stopped. The mother does not feel that she has a good relationship with her kurator and does feel able to confide in her in either case.

In reply to the question: Are you worried or put off by the amount of influence/power your kurator has? The mother says:

Mother: She has too much influence. They consider too much the foster family.

Q.12 The mother ‘wanted the children to go into foster care’. ‘The social worker and the children decided contact’

Q.13 The mother feels that she does not have much of a say in the way decisions are taken about her children and she would like more of a say in the way decisions are made about them.

Q.14 The mother does not have a pedagogue.

Q.15 The boy has decided upon the placement for himself

The mother does not feel she has as equal a say as foster carers/ residential workers in the way decisions are taken about her children.

Q.16 The mother does feel that she has retained full parental rights whilst her children have been in foster care, but sometimes does not understand what the professionals are talking about.

Q.17 The mother feels that she can work in partnership with residential workers and a little with the former foster parents of her son, but does not feel she can work in partnership with her daughter's kurator.

Narrative

"I, with the two foster families had worked together, so my children had more contact with each other. So they felt they had a family life. My girl came to Fyn because the boy was there (in foster care), and the intention was that they should have contact with each other. I lived in here in the city when the children lived at Fyn. They said, that at Fyn they had the best way of working together because the children had different needs. They said that there was a place for them together after this and that it would be close to my home. After three months, they were together again this was a good thing for me and for the children."

Analysis

Despite the mothers earlier feelings that she could not work with the foster carers, and her mistrust towards the kurator, the mother in this case clearly feels that working in partnership with the foster carers has had a positive outcome for her children. There has clearly been a coherent strategy underlying sibling continuity planning in this case. Questions are raised here however in relation to the degree to which the mother felt fully included in care planning at an early stage in the process. Clearly however, the children did participate in care planning as 'the boy chose the placement for himself'.

Case (D)

This case involves two siblings a girl aged thirteen and a boy aged nine, they are both Danish and are placed together.

Q.5. The mother is happy with the placement however she comments that:

“They make bigger changes without asking me”

Q.11. The mother says that she is worried by the amount of influence/power of the foster family. The mother does not feel that she has a say in the decisions made about her children and would like more of a say.

Q.14 The mother does feel that her pedagogue gives her more of a say in the way decisions are made about her children.

Q.15 The mother does not feel that she has as equal a say as foster carers or residential workers in the way decision are taken.

Q.16 The mother feels that she has retained full parental rights in the care planning process.

Q.17 The mother does feel that she can work in partnership with kurators and pedagogues, but finds it difficult to work with foster and residential workers.

The mother in this case would like to feel more included in the decision-making process, although she is happy about the placement itself. Importantly, the mother feels that she has retained full parental rights.

7.3 Conclusion

The narratives and case studies above reveal decision-making within sibling continuity planning pivoting upon an axiom between parental rights, children’s rights and professional assessment. Where conflict occurred between parents and children, most evidence within these case studies showed a bias towards children’s rights. Narrative evidence discloses a concern about professional hegemony and parents felt that the language used by professionals was difficult to understand. In addition, within the case studies, a concern was expressed by social work practitioners themselves about the location of specialised out-of-home placements, which were often at some distance from the children’s original environment. Most telling however, in all of the narratives, parents were positive about decisions made

within sibling continuity planning, although they did express concerns about the power of pedagogues. The investigation of case files in the Danish survey always revealed the consistent use of written agreements for sibling placement and contact within care planning. Danish case study questionnaires and narrative accounts given by parents disclosed that written agreements were conducive to empowerment within care planning. The absence of written agreements was noticeable the British cohort. Here the axiom of decision-making tended to reside upon the professional assessment of the social worker, which usually centred upon the availability of placements or the likelihood of placements breaking down. Decisions in the British case studies were usually service led and located within a primary focus on the needs of the individual child. As has been shown this often led to the needs of sibling groups being 'unmet'.

In the Danish local area documentation, policy was defined by a continued commitment to a preventative approach, in line with national prescriptions. The provision usually consisted of small scale units and was often specialist in nature. The availability of a scope of specialist placement provision within a coherent framework designed to support preventative strategies through respite and short term placements, and the parallel provision of ordinary placements translated a therapeutic and rehabilitative approach to sibling continuity planning into practice. In this sense, planning for sibling continuity, was aided by a framework, designed to cater for some of the most complex needs of sibling groups. This rests in stark contrast to practice within the British locality, where there was an apparent lack of any theoretical basis for social work practice in relation to sibling continuity planning. The pragmatic approach to sibling continuity in Britain was embedded in the reality of constraints created by a service led provision, characterised by a very narrow and limited range of placements.

Chapter Eight

Conclusion

Continuity Planning for Looked After Siblings:

Possibilities and Prospects

8.0 Introduction

The findings of this research program suggests that while the decision making process forms the central axiom of care planning for sibling groups, such planning is contingent upon other key factors, such as the definition of continuity, a pro-active commitment to the maintenance and continuity of the sibling relationship, and most significantly, the availability of specialised placements able to take sibling groups. All of these factors reside in clearly distinct legal and practice models, and, are brought into sharp focus by their differential commitments to preventative and family support approaches.

At a national level, similarities emerge in the form of underlying principles of partnership, the maintenance of natural bonds, and the belief that children are best looked after within the family without resort to legal proceedings. These principles are translated and manifest at local level. In practice, there is recognition that care planning is a process rather than a series of events (Parker, et al 1991, Betaenkning 1212, 1990).

The research findings reveal that distinct models of practice have occurred within these two regions that, in part reflect differences in the way the legal system is used, in rights based and needs based approaches, in resourcing, and in the balance between protection and family support and prevention. Two key implications have emerged for sibling continuity planning, the first being the impact of the balance between prevention and protection, on the timing, mode, and purpose of intervention, the second being the way in which differences in service

provision impact upon professional practice. In Denmark, the availability of specialised placements has been pivotal in enabling practice theory in sibling continuity planning to develop. In Britain, the comparative dearth of specialised placements within a narrower range of provision generally, has, militated against the development of practice theories in this area. Within these two key areas', definitions of continuity and a pro-active commitment to the maintenance and continuity of sibling relationships, interact to define decision-making processes.

Local policy documentation was applied in the Danish and British Surveys (Chapters 3 and 4) to highlight key areas of difference in policy prescription. In the Danish local area documentation, policy was defined by a continued commitment to a preventative approach, in line with national prescriptions. The provision usually consisted of small-scale units and was often specialist in nature. The provision was integral to a continuum of placement types that catered for looked after children, and resided within a coherent framework designed to support preventative strategies through respite and short term placements. The parallel provision of ordinary placements and specialist placements, long and short term translated a therapeutic and rehabilitative approach to continuity planning into practice. In this sense a framework designed to cater for some of the most complex needs of sibling groups aided planning for sibling continuity.

Perhaps the most distinctive feature of care planning that emerges in Denmark in contrast to Britain, is the integral part which parents and children play in planning for sibling continuity. An 'inclusive' model of care planning is legally sanctioned by children's and parents' rights and a re-unification approach is endorsed. Translating notions of re-unification, and espousing the integrity of the family involves supporting the family while the child is in care. On a national level, the legal obligations requiring the involvement of children and parents in care planning are not being carried out to the full degree, the problem of grey zone placements is included in this criticism (Dorthe- Hestbaek, 1998). The Danish narratives and case studies (Chapter Seven) reveal decision making as an axiom between parental rights,

children's rights and professional assessment. Where conflict occurred between parents and children, most evidence within these case studies, showed a bias towards children's rights. Narrative evidence pointed to a concern about professional hegemony and parents felt that the language used by professionals was difficult to understand. In addition, a concern was expressed about the location of specialised out-of-home placements that were often at some distance from the children's original environment. Most telling however, in all of the narratives parents' were positive about decisions made within sibling continuity planning, although they did express concerns about the power of pedagogues. The investigation of case files in the Danish survey always revealed the consistent use of written agreements for sibling placement and contact within care planning. Danish case study questionnaires and narrative accounts given by parents disclosed that written agreements were conducive to empowerment within care planning.

Comparative evaluation of the relationship between variables such as 'reason for entry' and 'purpose of placement' and sibling continuity planning, attests that the significance of considerable differences in levels of compulsory placements is related to the timing, mode and purpose of intervention. In the British cohort, a significant number of children, who entered care, did so in the wake of child protection issues (61%). Moreover, a high number of cases (72%) involved compulsory admission (Care Orders, Emergency Protection Orders or Interim Care Orders). This stands in stark contrast to the level of compulsory admissions in the Danish cohort (9%). Here, reason for entry designated as 'parent unable', and rehabilitation which underpinned the rationale of care planning was evident in most of the cases.

A second key area, which emerges from this research, is the degree to which sibling continuity planning is formulated through the use of specialist placements and therapeutic provision. In Denmark, the purpose of such planning emerges as being integral to distinct practice theories and political, social and economic interventions in the family by the state. In the British cohort there was an apparent lack of any theoretical basis for social work

practice in relation to sibling continuity planning. The pragmatic approach to sibling continuity in Britain was embedded in the reality of constraints created by a service led provision characterised by a very narrow and limited range of placements. Whilst the prospects for inter-sectorial work, allowing multi-agency working between social service departments and other departments such as housing, education and health, appear to be enhanced by local government reorganisation in the Britain, the narrowing of the geographical and resource base for future placement provision, compounded by poor socio-economic conditions within the urban conurbation did not bode well for services for looked after children. Moreover, local policies committed to re-focusing services from protection to prevention were constrained by budget considerations. This has important implications for the practice impacts for looked after sibling groups.

8.1 Definitions and Perceptions of Sibling Continuity

In Denmark, commitment to reunification and inclusive models of care planning was evident in several case studies. Particularly for children with special needs, care planning involved the use of specialised placements, carefully tailored with the aim of achieving sibling reunification. In some of the cases, problems of distance emerged as a consequence of the sometimes remote location of professional foster care and socio-pedagogic communes. Parents did express a degree of mistrust in professional judgement in these cases, although they were generally satisfied with contact arrangements between themselves and their children and between sibling groups. Planning for sibling continuity became highly problematic in both Danish and British cohorts when siblings entered care at staggered time intervals. Once again, problems of distance between sibling placements were evident in Denmark, though continuity was assured by carefully planned and funded contact arrangements which, sometimes involved air travel.

Analysis of patterns within the survey data in both cohorts, revealed that reason for entry had more impact than legal designation on sibling placement. Critically, where children entered care as a result of child protection issues, the data indicated that it was more likely siblings would be separated. In the British cohort 61% of cases involved child protection issues, of these 55% of looked after children were separated from some or all of their siblings. In stark contrast, the majority of cases in the Danish cohort (56%) recorded reason for entry as 'parent unable'; here most sibling groups (52%) were placed together with some or all of their siblings. Where reason for entry was designated as child protection in the Danish cohort, siblings were more likely to be separated. However other findings in the Danish case studies, (Chapter Seven), indicated that such separations tended to be briefer and of a more planned therapeutic nature. In this sense, social work practice in Denmark, concerning sibling continuity planning, has a theoretical basis for intervention, in contrast to the pragmatic, service led nature of practice relating to looked after sibling groups in the British cohort. Differences between the two cohorts are, at least, conspicuous. Each policy setting has its own impact upon subsequent definitions, perceptions, and feelings of inclusion, and partnership within care planning for sibling groups in out of home placements.

The British cohort research indicates designation of legal orders on entry does have a powerful impact upon sibling contact, evident from children in compulsory placements with infrequent contact with their looked after siblings, compared with accommodated siblings. An important caveat here is that issues relating to reason for entry and legal mode interact to form outcome problems. However, whilst legal orders in both countries tend to concern child protection issues and therefore cases that may be more complex this should not necessarily incur problems concerning contact between looked after siblings. A pro-active commitment to sibling relationships from social work professionals is a fundamental determinant vital in ensuring continuity of the sibling relationship. Case study evidence from both cohorts proved such commitment to be central to levels of contact in all cases where siblings were separated in care, particularly in cases involving compulsory placements.

The Purpose of placement reflects very different approaches to adoption in the two countries, and different definitions of continuity planning. The emphasis in Denmark is on the integrity of the family and rehabilitation, in Britain continuity as permanency is reflected in the British cohort, where 24% of cases were identified as adoption, in comparison to 1.7% of cases in the Danish cohort.

Results from the British cohort indicate that continuity planning based on the use of adoption forms the basis of care planning in a significant number of cases (24%). This raises issues at two levels where looked after siblings are separated as a result of adoption orders. Firstly, the nature of the decision-making process by which adoption orders are made particularly compulsory or closed adoption orders and secondly the frequency of and arrangements for contact through partnership or inclusiveness within open adoption. Decision-making processes and arrangement issues are particularly relevant in relation to contact between looked after siblings and their adopted siblings. A key question here, is how does partnership in contact arrangements work between adoptive parents, natural parents, foster or residential carers and natural siblings who are in out-of-home placements? Children's rights are primary to looked after siblings here, younger children in particular rely on social work professionals to ensure continuity of contact with their looked after siblings.

In the British cohort, of the 44 children who were to be adopted, 29 were separated from some or all of their looked after siblings. A major issue of concern lies in the lack of partnership between parents, social workers and siblings in cases where looked after siblings were separated from one or more adopted sibling. During one case study investigation, it was found that the degree of information given to a looked after boy, his grandmother and his two sisters who had been freed for adoption was negligible. The information consisted of the argument that it was in the 'best interests' of the girls. Feelings of loss experienced by the 11 year old boy were described by the boy's grandmother as being severe *"I know he misses them (his sisters) he is always talking about them and sometimes I can hear him crying at night"*

Professional assessment in relation to the importance of continuity is heavily related to lack of specialised placements for these children. Any semblance of partnership here was inhibited by the service led nature of decisions, which were taken in this case. Adoption and particularly the separation of looked after siblings as a result, raises key issues in relation to principles of partnership and parental and children's rights. British social policy is 'needs based', though the question of 'needs unmet' in cases where children are separated from their siblings due to lack of suitable provision, is clearly demonstrated by this research, given that 'lack of suitable placement' was the reason for separation in 74% of cases where children were separated from some or all of their looked after siblings. The service led nature of decision making processes in sibling continuity planning requires some serious rethinking towards integration of rights and needs in sibling continuity planning.

8.2 Definitions and Perceptions of Partnership and Inclusion in Decision Making

The degree to which, use of compulsory placements in both cohorts impacted upon the decision-making processes, in relation to the planning of sibling continuity is quite profound. Patterns within both cohorts revealed that, where compulsory placements were used, children parents and looked after siblings were more likely to feel dissatisfied with their placement. This was corroborated by findings in case files, which revealed that dissatisfaction was usually linked to separation of siblings and to levels of contact between siblings. Partnership and inclusion issues are brought into sharp focus by the degree to which children and families in need of out-of-home care are included in decisions relating to placement and contact with siblings.

In Britain, the majority of children placed separately from some or all of their siblings were dissatisfied with their placement (58%). In diametrical contrast, the vast majority of social workers involved in these cases were satisfied with the sibling placements (92%). The

implications of this are two fold, social workers may in particular cases be satisfied that separation from siblings is in the best interest of the child and that the placement may serve the individual needs of the children. In addition, the lack of placements able to take sibling groups may lead social workers to feel that they have achieved the best possible placement in the circumstances of a service led provision. Starkly, the difference between the perception of the children separated from some or all of their siblings and the social workers is clearly not in keeping with the principles of partnership in decision making made explicit by the Children Act, contradicting the importance attributed to the views and wishes of looked after children within care planning.

8.3 The Role of Specialised Placements

Specialist placements in Denmark are given a dual purpose by social work professionals, providing for special or individual needs, in parallel with a capacity as a flexible and tailored provision within sibling continuity planning. Special needs provision in Denmark is already integral to the spectrum of services offered. As the case studies in Chapter Seven revealed the implications of placement provision are integral to care planing, in allowing it to emerge as a process, and in facilitating participatory models of decision-making. In the British case studies, care planning as a process, and sibling continuity planning is constrained by a lack of specialised or appropriate placements for sibling groups. Here, social workers value sibling continuity in their professional and personal judgement, however, any pro-active practice is limited by a lack of specialised placements for sibling groups. In this sense social workers in Britain can only engage in sibling continuity planning in pragmatic way which denies any coherent theoretical basis.

8.4 Pro-Active Commitment to Sibling Continuity Planning

In Chapter Five, evidence emerged of the clear contrasts between the level of priority shown by practitioners, in relation to the placement of siblings together in the British and Danish

cohorts. Comparative evaluations in relation to sibling placement are problematic, because British social workers were often guided and constrained by the service led nature of decision making. In Denmark, degrees of dissatisfaction shown by social workers when siblings were separated are also made problematic by the often-planned nature of such separations as therapeutic bridging placements. Of significance however, the degree of contact between separated siblings in the British and Danish cohorts showed marked differences. In the Danish cohort 35% of separated siblings had weekly contact, compared with 26% in the British cohort. The implications of these differences are particularly cogent in relation to younger sibling groups. This evidence is further endorsed by the finding that only 14% of siblings in the Danish cohort expressed dissatisfaction with their placement, this group was made up entirely of children who had only monthly or quarterly contact with their siblings. In the British cohort 39% of children were recorded by social workers as being dissatisfied with their placement, of this group 37% were separated from some or all of their siblings. In Denmark, the investigation of case files, and case study analysis revealed the extensive use of written agreements and their role in an inclusive model of care planning generally and sibling continuity planning in particular. More specifically, written agreements between parents, social work professionals and looked after children in the Danish cohort ensured adequate contact arrangements between sibling groups. The examination of case files in the two cohorts, showed that written agreements in relation to contact were always available in the Danish cohort, this was not the case in the British cohort where levels of contact were often legally prescribed, and there was a marked absence of written agreements between parents, children and social work professionals.

To make sense of these differences, a comparative view of legal requirements, shows that in Denmark it is a requirement that care plans are agreed by parents, children and social work professions upon entry, otherwise placements are rendered legally invalid. It may be argued that the inclusion of this legal requirement has a positive impact on contact arrangements both in terms of frequency and quality. During interviews with case managers and in

different agencies in Denmark, it became apparent that the issue of sibling continuity was important in the development of care plans with parents and children. In contrast, for social workers in the British agencies, key issues tended to evolve around locating placements with would last and therefore ensure stability for individual children.

8.5 Overarching Legal and Policy Frameworks

The sections above document differences in approaches in the British and Danish localities which, may be defined by practice interventions distinguished by timing, mode and purpose. Rationales underlying legal and policy principles in Denmark, resoundingly proposed the importance of early broad based intervention, involving a holistic approach to the family and a range of social and financial support mechanisms within a multi-disciplinary and inter-sectoral approach. In Denmark, sibling continuity planning for children placed in out-of-home placements was contextualised within decision-making strategies founded upon notions of inclusivity, partnership and dual responsibility. Such strategies were given legal sanction within child care law, by virtue of a series of rights given to parents and children within decision-making. Central to these rights was involvement in initial and continued care planning. Situated within a system of governance, at local and national level, based upon a series of rights of citizenship, and given economic credence by fiscal policies which redistributed income geographically and individually, these rights gave coherence to social work practice enabling the development of effective broad based preventative and therapeutic strategies. As this research has shown, such strategies have clear practice impacts upon sibling continuity planning. Survey and case study data indicate that clear planning strategies, the use of specialist placements and 'inclusive' models of care planning were conducive to sibling continuity planning. Conversely, the data also indicated that when compulsory placements were used decision-making within sibling continuity planning became problematic. This was particularly true when contact frequency and quality were analysed.

Findings from the British cohort document the continued emphasis on protection issues. The exercise of professional judgement in sibling continuity planning may be constrained by complex procedures and sophisticated inter-agency arrangements. Two of the British case studies illustrate the use of registration on the Child Protection Register as a gateway to limited child care resources. Contrasting the Danish and British systems it is useful to refer to Waterhouse (1996) when he comments that:

‘In a system where public accountability remains uppermost, a high proportion of resources is inevitably tied up in assessment and surveillance, and services with a preventative or social education focus have become a secondary priority, perhaps the question for the future is not just how we can find those children who are likely to be seriously injured or abused by their carers, but how all children in need can be supported and protected by our society’ (Waterhouse 1996).

Child care law and policy in Denmark concurs with the view that child protection should be placed in the context of a family’s needs. This research has revealed the impact of late or crisis intervention in terms of sibling continuity planning. In Denmark it emerged that in such cases there was an overwhelming emphasis on the rights of children in care planning. Thus whilst legal mechanisms in child care law in Denmark do address the rights of parents and children within care planning and out-of-home placements, the onus of decision-making in protection cases is usually held by children themselves. There are two important implications, which emerge from this interpretation of rights. Firstly, the case studies and narrative accounts revealed that when children’s rights became central to planning, the issue of sibling placement became implicit and explicit to the operationalisation of these rights. Exemplifying this, in those Danish case studies, which involved protection issues, there was a strong indication of the impact of the children’s views on sibling continuity planning. Secondly, in cases where children have been traumatised, sibling continuity is more clearly an implicit right to be addressed as within professional assessments of the child’s therapeutic and social needs.

To broaden this discussion, differences in levels of compulsory placements between the British and Danish cohorts may have a significant effect on sibling continuity planning. If it

is accepted that children who enter care as a result of late or crises intervention are more likely to be traumatised and in need of specialist provision, the scale and availability of this provision, facilitated social work practice in relation to sibling continuity planning in Denmark. Secondly, the extent of compulsory placements in the British cohort meant that social work professionals were hampered by a high number of crises interventions, whilst being in the grip of a shortage of placements generally, and specialist placements in particular. This resulted in a pragmatic service led approach to sibling continuity planning. If we are in accord with Lorenz's view that:

‘Children in the care of others will not find a secure place in a society which is intent on abolishing the sphere of the social.’ (Lorenz 1998, *ibid.* p.5)

Then we must also ascribe to his prescription that all social policies should be given a social dimension. I have considered the experiences of looked after sibling groups in two European countries and have concluded that political, social, legal and economic frameworks do have significant impact on social work practice within sibling continuity planning. For this reason I can concur with Lorenz when he argues that:

‘Children are not only materially our future, it is only in partnership with them that we can find a future.’
(Lorenz (1998), p.7)

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APPENDICES

APPENDIX 1

Research Map

Research element	Research focus
Context	<p>Values e.g. The states relationship to the child in the UK and Denmark</p> <p>Legislative frameworks e.g.; The Children Act. (1989)UK.</p> <p>The Graverson Committee Report (1990), Denmark.</p>
Setting	<p>Social Work Agencies</p> <p>Foster and Residential placements</p>
Situated Activity	<p>Social Workers Emergent meanings, understandings conceptualisations and expectations as related to making decisions regarding the placement and contact of looked after sibling groups.</p> <p>The interaction of children, their families and foster carers in the decision making process and their understandings, meanings definitions and expectations .</p> <p>The experience of looked after children their families and foster carers in relation to the way in which these decisions impact on their lives.</p>
Self	<p>Individual experiences of the impact of these decisions in relation to the psychobiography of the individual and particularly in terms of feelings.</p>

APPENDIX 2

1.1. Level of Contact

Details of contact Basic Factual information

ie a) where does it take place?

b) who had contact with the child?

c) who arranges the contact situation?

d) what do people do in contact situation?

e) what actually happens in contact situation?

f) what was helpful/hindering?

g) resources used/ resources available?

h) contact with previous carer?

i) Is level of contact about right?

j) Are there any changes you would like to make in terms of the contact situation?

<u>Social Worker Prompts</u>

Q. Where does this child's contact with their parents usually take place?

Q. What resources (ie; transport, grants, child minding, venue, making arrangements etc) were utilised in order to make this contact possible?

Q. If contact raises continual issues for the child who deals with them?

Q. Was the last contact situation of benefit to the child concerned.

Contact with parents/ siblings/relatives?

Q. What was helpful or of hindrance in the situation?

Q. What kind of preparation went into this contact situation?

Q. Who was primarily responsible for operationalising and preparing for contact.

Q. Was there shared ownership of this responsibility . Were the practicalities of contact discussed.

Q. Do you think that the level of contact is about right?

Q. Are there any changes that you would like to make to the contact situation.

<u>Parents Prompts</u>

Q. Where does contact usually take place?

Q. What happened?

Q. Do you think it was a helpful situation in terms of your relationship with your child?

Q. who is responsible for organising and preparing for contact situations?

Q. Do you think the level of contact is about right?

Q. Is there anything you would like to see change about the contact situation?

Q. Is there any more practical help you could be given?

Child's Prompts

Q. Where do you usually meet your parents?

Q. What happened?

Q. Was it a nice meeting?

Q. What would you like to change about it next time?

Q. Would you like to see your parents/ brothers and sisters more or less often?

Carers Prompts

Q.Where did contact occur between the child in your care and his/her parents?

Q. Was it a helpful situation? In relation to long term planning for the child?

<u>Social Worker Prompts</u>

- Q. Where does this child's contact with their parents usually take place?**
- Q. What resources (ie; transport, grants, child minding, venue, making arrangements etc) were utilised in order to make this contact possible?**
- Q. If contact raises continual issues for the child who deals with them?**
- Q. Was the last contact situation of benefit to the child concerned.**
 - Contact with parents/ siblings/relatives?**
- Q. What was helpful or of hindrance in the situation?**
- Q. What kind of preparation went into this contact situation?**
- Q. Who was primarily responsible for operationalising and preparing for contact.**
- Q. Was there shared ownership of this responsibility . Were the practicalities of contact discussed.**
- Q. Do you think that the level of contact is about right?**
- Q. Are there any changes that you would like to make to the contact situation.**

<p><u>Parents Prompts</u></p>

Q. Where does contact usually take place?

Q. What happened?

Q. Do you think it was a helpful situation in terms of your relationship with your child?

Q. who is responsible for organising and preparing for contact situations?

Q. Do you think the level of contact is about right?

Q. Is there anything you would like to see change about the contact situation?

Q. Is there any more practical help you could be given?

<p><u>Child's Prompts</u></p>

Q. Where do you usually meet your parents?

Q.What happened?

Q. Was it a nice meeting?

Q. What would you like to change about it next time?

Q. Would you like to see your parents/ brothers and sisters more or less often?

<u>Carers Prompts</u>

Q. Where did contact occur between the child in your care and his/her parents?

Q. Was it a helpful situation? In relation to long term planning for the child?

Perception and Experiences of Contact

- a) How do experiences of contact match expectations?
- b) What would you like to see happening in the future?

Social Worker's Prompts

- Q. What expectations do you have in terms of each contact situation?
- Q How far does previous experience of contact influence your expectation of contact situations?
- Q How would you evaluate a contact situation? Are there important prerequisites for a successful outcome and what are key factors relevant to the success of each contact situation.
- Q What are your expectations of contact in this case?
- Q How have you attempted to improve contact experiences for all parties.
- Q How much value/ importance do you place on the evaluations/views of Parents Carers and Children in assessing contact situations?
- Q. In this case what would you like to see happening in the future in terms of improving the contact situation?
- Q. Are there any practical or resource issues which surround this case in particular and contact situations in general which you feel are worth investigating?

<u>Parent's Prompts</u>

Q. what was last experience of contact like?

Q. Was it what you expected to be?

Q. How did you feel during contact and when it was over?

Q. Do you think anything could be done to make it better next time and in the future.

<u>Child's Prompts</u>

Q. what happened last time you were with you mam/dad/brothers/sisters?

Q.did you think it was going to be like that?

Q. What would you like it to be like?

Q. Is there anything you would like to be better next time.?

Carers Prompts

- Q. What have you come to expect of visits from parents/siblings**
- Q. How do you feel about these situations?**
- Q. Are there any changes you would like to see in the future**

Partnership In Decision Making Process

- (a) What is the nature of Partnership?**
- (b) Practical support to promote partnership - Grants**
- (c) Is there consistency in pursuance of partnership with reference to turnover of Social Workers?**
- (d) Partnership in terms of decisions relating to placements**
- (e) How real is the Social Worker's belief in the notion of promoting partnership?**

Social Worker's Prompts

Q. Do you think partnership is important?

Q. What do you feel are the most important aspects of partnership?

Q. How far is this guided by your view of The Children Act and by your previous experiences of working with parents, children and carers.?

Q. How far do your experiences of partnership match your ideal notions of what successful partnership in decision making is?

Q. How important are practical resources in terms of being able to properly operationalise ideal partnership situations?

Q. Have the absence or inappropriate use of resources ever impeded the possibility of effective partnership situations. Including venue, grants, time available.

Q. How would you prioritise the maintenance of placements or prevention of placement breakdowns in relation to the implementation of partnerships?

Q. Do you feel it is desirable possible for everyone to have equal say and influence in partnership situations in terms of the decision making process.?

Q. What is your experience in this case and generally of how decisions between social workers, parents, carers and children are reached?

Q. How important do you think it is to have consistency of Social Workers for each case? How has Social Worker turnover consistency affected this case?

Q. Do you think it is important to inform parents of their rights with regard to their involvement in the decision making process with regard to their child's well being?

Q. Has this occurred in this case. Has it had any influence on the partnership process?

Q. Do you think partnership can work in reality?

Parents Prompts

Q. Do you find it easy to talk to your child's Social Worker?

Q. Do you think you have a good relationship with you social Worker. do you feel able to confide in them?

Q. Are you worried or put off by the degree of influence/power you social Worker has?

Q. Would you like your Social Worker to spend more time talking and discussing things with you?

Q. Do you feel you have a say in decisions made about your child?

Would you like more of a say in any particular area?

Q. Do you ever feel as if any practical help would make you feel less helpless in certain situations?

Q. Would you like more influence in the way decisions are made about your child?

Q. What is your experience about the way decisions are taken in reality?

Q. Do you feel you have as equal a say as foster carers /residential staff with regard to the way in which day to day as well as important decisions are made about your child?

<u>Child's Prompts</u>

Q. Does your Social Worker talk to you very much?

Q. Do you feel able to tell your Social Worker things?

Q. Do you like talking to your Social Worker?

Q. How well does he/she explain things to you . Do you understand them?

Q. Do you think that what you have to say matters to them .

Q. If you want something to change do you think it will come about by talking to your Social Worker.

Q. Do you think that what your parent or foster carer thinks and says matters more than what you have to say.

Q. Do you think that it is really up to your parent, foster carer or Social Worker what happens to you?

Q. How does this make you feel?.

<u>Carers Prompts</u>

Q. Would you like a greater say in how decisions are taken?

Q. Do you feel your Social Worker takes notice of your views?

Q. Do you feel able to talk to the parents/relatives of the child in your care?

Q. Is there anything you feel that could be done in terms of resources that would improve this situation?

2.1. Where Contact does not exist.

Details of contact Basic Factual Information

- a) Has contact been legally terminated , restricted or supervised?**
- b) Is there still contact between the Social Worker and parents/siblings?**
- c) Statute used to terminate contact. If agreement how was this reached?**
- d) use of Departmental Decisions. When are they used and why? How in each particular case.?**
- e) Where contact has not been legally terminated. What difficulties exist . ie) Travel : Distance; Cost Venue; Mother;/Father reluctant; Carers Attitude; Child's reaction; parents reaction. or other reason.**
- f) Would any additional services encourage contact. ie) Transport; Supervision; Grants; Child Minding; Venue; Making Arrangements;**
- g) Is there a written agreement.**
- h) Has an independent visitor been appointed?**

<u>Social Worker Prompts</u>

- Q. Has contact been formally/legally terminated?**
- Q. Why was this decision reached?**
- Q. How was this decision reached? ie) Statute Legal or by agreement.?**
- Q. Has contact been terminated as a result of a Departmental Decision.?**
- Q. Has contact broken down for other reasons . ie) due to Travel difficulties; Distance; Cost; Venue; Mother/Father reluctant; Carers attitude: Child's/Parents reaction or other.**
- Q. Has an independent visitor been appointed?**
- Q. Are you still in contact with parents/siblings?**
- Q. Is there or has there ever been a written agreement for contact?**
- Q. Has contact been terminated in the interests of maintaining the current placement. (For this particular case/ for future cases)**

Parent's Prompts

Q. Has contact been formally legally terminated?

Q. Was contact terminated by agreement with your social worker.?

Q. Has an independent visitor been appointed.?

Q. Is there has there ever been a written agreement.?

Q. If contact has broken down for other reasons. What are these reasons?

ie) Travel, Distance, Cost, Venue, Mother/Father /Child reluctant, Carers attitude, Child's /Parents reaction or other>

Q. Are you still in contact with your social worker.

Q. Do you find this contact helpful in keeping in touch with Child's current situation/ well being.

Q. Do you maintain contact with your child in other ways, eg. telephone , letters, Christmas/Birthday cards Photos.

Q. Are you encouraged to maintain contact in these other ways?

Q. Are you being encouraged or talked to about re-establishing contact with your child.?

<u>Child's Prompts</u>

Q. Does your social worker or carer ever talk to you about why you don't see your parents/siblings.?

Q. Do your parents/siblings ever phone you or send you any letters or Christmas cards, or photo's.

Q. Do you want your social worker to talk to you about your parents and what they are doing.?

Q. Would you like contact with your parents/ siblings other relatives again.?

Q. Does anyone else come to see you.?

Q. Would you like anybody else to come and see you to talk about things sometimes.?

Perceptions of Contact Breakdown/Termination

- (a) Feelings about contact breakdown/termination.
- (b) Commitment to re-establishing contact.
- (c) Views about other forms of contact.
- (d) Views about determining a child's best interests with regard to contact.
- (e) Views about the role of Social Workers/ carers in attempting to prevent contact breakdown. and in attempting to re-establish contact.
- (f) Views about difficulties arising from lack of resources.
- (g) Views about maintaining placements.

Social Worker Prompts

- Q. Do you think that anything could have been done to prevent this breakdown in contact.?
- Q. Do you think it is important to try to re-establish contact in this case.?
- Q. Have any difficulties arisen due to lack of resources.?
- Q. Do you think that the maintenance of this placement is more important than any attempt to re-establish contact in this case.?
- Q. What key areas are considered when deciding upon the child's best interests?
- Q. Do you consider the views of the Foster carers/ Residential Staff to be central to any decision to terminate contact.?
- Q. Do you think an independent visitor would be of use in this case.?
- Q. Do you place any value in the use of written agreements.?

<u>Carer's Prompts</u>

Q. Has contact between the child in your care and their parents siblings been terminated.

Q. If so was this termination legally defined.?

Q. If contact has broken down for other reasons what are these reasons.?

ie) Distance, travel, cost, venue, mother/father reluctant, your view of the situation in terms of how it was affecting the child.

Q. If termination was reached by agreement were you involved in the decision making process.?

Q. Do you talk to the child in your care about their parents and why they are not in contact with them.?

Q. If contact has broken down , do you think it is your role to help to re-establish contact.

Q. Do you think that contact with their parents/siblings was affecting the child.?

Q. Does the social worker involved in this case encourage you to help to re-establish contact with the parents.?

Q. Do you encourage the child in your care to write to telephone their parents siblings?

<u>Parent's Prompts</u>

Q. Why do you think that contact with your child was terminated.

Q. If it has broken down , do you think that anything could have been done to prevent this.

Q. Do you feel you have had ample opportunity to discuss the situation prior to your loss of face to face contact with your social worker.

Q. Would you have liked to have been more involved in discussions with your child's carer?

Q. would you like to have continued /more contact with your child's social worker?

Q. Do you feel you are being encouraged to re-establish contact with your child.

Q. Are you being encouraged to write to , telephone or send birthday Christmas cards, photos etc. .

Q. If you are in contact with your child in this way how important is this to you.

Q. How important is it to you that your child responds to these types of contact.?

<u>Carer's Prompts</u>

Q. Why do you think that contact has broken down between the child in your care and their parents/family.

Q. What would you see as being the main aspects determining the child's best interests.

Q. If contact has broken down while the child was placed with you do you think anything could have been done to prevent this from happening.

Q. Do you think any difficulties arose due to lack of resources in this case.?

<u>Child's Prompts</u>

Q. How do you feel about not seeing your mam/ dad brothers /sisters as often as you would like.?

Q. Does your social worker or carer ever talk to you about this.

Q. What would you like to happen.?

Q. Do you get any letters or telephone calls/photos cards/presents from your mam/dad brothers or sisters .

Q. Would you like to get any of these things.

Q.(if appropriate) Why do you think you don't see your family as often as you would like.?

Carer's Prompts

Q. Why do you think that contact has broken down between the child in your care and their parents/family.

Q. What would you see as being the main aspects determining the child's best interests.

Q. If contact has broken down while the child was placed with you do you think anything could have been done to prevent this from happening.

Q. Do you think any difficulties arose due to lack of resources in this case.?

APPENDIX 3

Sporgeskema Vedrorende Pladsering i Kobenhavn of Kontakt med Soskene

1. Sags No. / Navn [.]
2. Social Radgiver / Ansvarlig [.]
3. Dags Dato [.]

BARNET

4. Fodsels Dato [.]
5. Kon Pige ☐
Dreng ☐
6. Barnets etniske grupp
Hvid Dansk ☐ Anden Hvid ☐ Tyrkisk ☐ Afrikansk ☐
Kineser ☐ For ldre blandet race ☐ Andre ☐
7. Er Barnet Diagnostiseret:
L re besv ret ☐ Fysisk besv ret ☐ Psykisk besv ret ☐

FAMILIEN

8. Har barnet folgende familie
Naturlig Mor ☐ Naturlig Far ☐ Sted Moder ☐ Sted Fader ☐
9. Forsorger - Dags dato
Begge foraldre ☐ Enlig mor ☐ Enlig far ☐ Moder of partner ☐
Fader of partner ☐ Anden familie ☐ Anden forsorger ☐
10. Soskende (gte / Halv / Sted)
Antal af soskende (incl. af dette barn) [.]
Antal soskende i pleje eller (incl. af dette barn)
[.]
Antal soskende bort adopteret [.]
11. Familiens okonomiske status - Dags dato
Social understottelse ☐ Bistands Hj lp ☐ Lavt Lonnet ☐ Andet ☐
12. Dato barnet er taget under forsorgen [.]

13. Hoved årsag til barnets fjernelse fra hjemmet
Beskyttelse af barnet ☐ Forældre uvillig til at passe barnet ☐
Forladt ☐ Forældre uegnet til at passe barnet ☐
Forældre psykisk syg ☐ Forældre fysisk syg ☐
Anden opførsel ☐ Speciel Behov ☐ Forældre afsløsning ☐
Andet?.....

14. Antal placeringer siden optagelse af for sorgen [. . . .]

15. Hvilken slags placering
Familie ☐ Pleje ☐ Bort adopteret ☐ Selvstændigt ☐
Speciel hjælp indkvartering ☐ Kommunalt Børne Hjem ☐
Læreanstalt ☐ Beskyttet Bolig ☐ Andet ☐

16. Dato anbragt i nuværende placering [.]

17. Hvis barnet har søskende i pleje er de placeret :
Sammen ☐ Nogle sammen ☐ Alle enkeltvis ☐
Hvis enkeltvis placeret opgiv grunden.....
.....
.....

18. Er nuværende placeret tilfreds stillende? Ja ☐ Nej ☐
Hvis utilfreds stillende opgiv grunden
.....
.....

19. Hvad er den nuværende plan for barnet
Ikke kendt ☐ Tilbage til hjemmet inden for seks uger ☐
Tilbage til hjemmet inden for seks måneder ☐
Tilbage til hjemmet på lang sigt ☐ Placering hos familie ☐
Selvstændigt ☐ Forblive i nuværende placering ☐
Foster Pleje på lang sigt ☐ Adoption ☐ Situationen Uklar ☐
Speciel Hjælp ☐ Afsløsning ☐ Andre ☐
Venligst marker 'andre'.

20. KONTAKT

Barnets ansigt til ansigt	G lder ikke	Urgentlig	Manedlig	Hvert Kvartal	Arligt
For ldre / Mor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Far	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soskende I adskildt pleje	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soskende ikke i pleje	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adopterede soskende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anden familie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Hvis kontakt ikke eksisterer mellem soskende anbragt i
adskildt pleje - give
grunded.....
.....
.....
.....

22. Er de følgende tilfredse med kontakt arrangementet mellem
soskende placeret?
sammen i pleje

Mor	Ja <input type="checkbox"/>	Nej <input type="checkbox"/>
Far	Ja <input type="checkbox"/>	Nej <input type="checkbox"/>
Plejer	Ja <input type="checkbox"/>	Nej <input type="checkbox"/>
P dagogue	Ja <input type="checkbox"/>	Nej <input type="checkbox"/>

Venligst giv grund hvis ikke tilfreds
.....
.....

23. Kontakt med p dagogue / Social Radgiver

Social Radgiver

P dagogue

Urgentlig Manedlig Kvartalsvis

Halv
arlig

Arlig

Ansigt til

ansigt kontakt

Med barn

☐

Med Moder



Med Fader



Plan for kontakt, restriktioner

24. Er der en skriftlig aftale for for ldre / barn kontakt Ja ☐

Nej□

25. Hvor der er lidt kontakt mellem soskende i adskilt pleje er der planer for mere kontakt Ja ☐

Ja□

Nej□

26. G ldér nogen af de følgende vanskeligheder mellem soskende placeret i adskildt pleje

Ingen ☐ Rejse Besværligheder ☐ Afstand ☐ Økonomi ☐

Modested☐ Barnet modstr bende☐ Forsorgererens Holdning☐

Andre Besvarligheder [.]

27. Hvilken service eksisterer for kontakt mellem soskende placeret adskilt i pleje

Transport ☐ Tilsyn ☐ Tilskud ☐ Bornepasning ☐

Modested□ Aftale arrangemententer□ Marker andre□

28. Notater

.....

.....

.....

.....

.....

APPENDIX 4

Turning legal principles into practice The cases of Denmark and the UK

MARION ELLISON, ANNE DORTHE-HESTBAEK AND RICHARD BARKER

Child care law in Denmark and the UK is underpinned by shared principles in relation to parental and family participation in decision-making processes. In practice, however, compulsory placements make up approximately six per cent of all out-of-home placements in Denmark and some 37 per cent of all out-of-home placements in the UK. This paper explores issues surrounding these very different outcomes and decision-making processes, and procedures within the two systems. The authors argue that the impact of these legislative frameworks in terms of decision-making upon initial entry and subsequent care planning is contingent, not merely upon the enactment of legal principles and practice guidelines, but upon an intricate interplay between resourcing, the form which legal intervention takes, and rights-based and needs-based policy approaches. In conclusion, possible implications for child care policy and practice in Europe are proffered.

In recent years, child care law in most European countries has converged around a set of core principles. Central to these principles, which operate within distinctive social, political and cultural frameworks, are notions of partnership, parental rights and childrens' rights (Colton and Hellinckx, 1993; Munday, 1989). This convergence of principles has been mirrored by a distinct movement away from removing children from their families, unless absolutely necessary, towards more flexible forms of out-of-home care within the community (Gottesman, 1994; Madge and Attridge, 1996). In parallel, voluntary or agreed placements are now seen as more conducive to co-operation or partnership than compulsory placements. The practice impacts of these legal principles are critical. They are contingent upon an intricate interplay between resourcing, the form which legal intervention takes, rights-based and needs-based policy approaches, and the degree to which emphasis is placed upon reaching an agreement

as an alternative to compulsory placement.

In policy, child care law in the UK and Denmark is underpinned by shared principles of parental and family participation in decision-making and a recognition of parental rights. In practice, however, compulsory placements make up approximately six per cent of all out-of-home placements in Denmark (Christofferson, 1994) and 37 per cent of all out-of-home placements in the UK (Bilson and Barker, 1994). This paper explores these differences by drawing upon research programmes. Research into the placement and contact of looked after siblings in the UK and Denmark (Ellison, 1998) involved a cohort of 115 children from four agencies in an urban conurbation in Denmark and a cohort of 180 children from four agencies in an urban conurbation in the UK. Danish-based research into out-of-home care – the translation of legal principles into practice – primarily involved a nationwide study focusing on the administrative processes and the role of the local authorities when placing a child in out-of-home care.

A brief overview of recent child care legislation in the UK and Denmark provides the context to a comparative evaluation of policy and practice. The UK Department of Health (1990) defined the Children Act 1989 for England and Wales as resting on the belief that

'Children are generally best looked after within the family with both parents playing a full part and without resort to legal proceedings.' (p.1)

Emerging from this belief, principles of partnership in decision-making and parental responsibility were placed within a duty of care framework. The duty of local authorities is to give support for children and their families and to return a child looked after by them to his or her family unless this is against his or her interests.

New practice guidelines reflected these principles and the Department of Health (1995) issued a further guide giving advice to social work professionals, managers and policy makers. The guide focused on how to design and

provide family support services on the principle of working in partnership with family members in all cases where provision of adequate protection for the child is not directly impeded.

In Denmark the legal aspects of out-of-home care are regulated through the Social Assistance Act of 1993, which will be replaced by a new Act on Social Services from 1 July 1998. Embedded in the Act is an ideology on early intervention to prevent further development of problems (Ministry of Social Affairs, 1997). For example, it might be better to spend resources on supporting the family in developing better patterns of co-existence at an early stage than to place the child outside home at a later stage. Crucially, as the family is seen as an integrated unit it is important that assistance is given with respect for the integrity of the family, aimed at keeping the child with her or his parents. A decision on a compulsory placement can only be taken by the local child and youth committee, which consists of three lay members elected among the members of the local council, a town court judge and a consultant psychologist.

In an amendment to the Act of 1993 it is made clear that the social worker must always prepare a detailed plan for the placement before taking the final decision. The plan must deal with the aim and duration of the placement, specific arrangements for the child's care, education and treatment, and measures supporting the family during the child's placement.

Partnership in the UK operates as a guiding principle, yet in Denmark rights are enshrined in legal practice. A central legal right of families involved in out-of-home placements is that parents must be involved as far as possible in developing the placement plan and must give their consent to the purpose of the placement. The ownership of a plan is a strengthening of the legal status of the family as the existence of a plan is a validating criteria. If there is no plan, a decision on compulsory placement is not valid and parents can request their child to be discharged.

Partnership: rights-based – needs-based

Partnership embodies the notion of participation; despite "rights", "equality" and "power sharing" being operative in both, in real terms neither is often realised:

'Successful partnership may be identified by respect for one another, right to information, accountability, competence and the value accorded to individual input. In short, each partner is seen as having something to contribute, power is shared, decisions are made jointly, roles are not only respected but also backed by legal and moral rights.'

(Quoted in Family Rights Group, 1991, p.1)

The Children Act (UK) and the Social Assistance Act (Denmark) do make explicit notions of partnership. Partnership in the Children Act 1989 emerges as being reliant upon the ability of individuals in society to take full opportunity of partnership. In practice this requires a need to redress situational constraints experienced by those who are socially excluded as a result of poverty, racism, sectarianism, or assumptions about gender, age or disability. Only when social exclusion is addressed can full inclusion be envisaged.

Biehal *et al* (1992) have pointed out that in practice:

'Workers may believe that they encourage people to participate in decision-making, when at the outset they may already have a narrow agenda based solely on their own professional assessment. If the individuals are not encouraged and assisted in defining their problems, their own view of their problems and preferred solutions may be marginalised or ignored.' (p.113)

Danish social policy initiatives have demonstrated a clear and committed proactive response to social exclusion in all its forms. In stark contrast to the UK, such intervention at a macro level can only benefit social work practice in its attempts to encourage partnerships. Needs assessments and means testing tend to dominate the welfare system in the UK, in contrast to the rights of individuals in Denmark which are clearly defined.

The principle that it is the right of every child to have an 'adequate standard of living for their proper development' forms the basis of the UN Convention on the Rights of the Child (1989). In 1993 there were 13.5 million people, including 3.9 million children, living in poverty in the UK (using the measure of poverty accepted across Europe of less than 50 per cent of average income after housing costs), representing a third of all children in the UK compared with 1.4 million children in 1979. Furthermore, the number of children living in families completely dependent on income support trebled between 1979 and 1992. Critically these patterns contrast sharply with Denmark and other European countries where there is less child poverty (UNICEF, 1993). Since the relationship between the likelihood of out-of-home placement and being on income support is widely acknowledged, these data have significant implications for child care policy and practice.

The gate-keeping concept of "in need" embedded in the Children Act 1989 offers a potential constraint to notions of partnership and universality. Local authorities in England and Wales are required to provide appropriate services for children "in need". The definition of need is couched in terms appropriate to the language of professional assessment. A child in need is defined as any child whose health or development is likely to be impaired without the provision of services, or is unlikely to achieve or maintain a reasonable standard of health and development without the provision of services, or who is disabled. Denmark, in keeping with the UN Convention on the Rights of the Child, places a responsibility on the part of the state in respect of all children (Landsdown, 1996). In contrast, the Children Act 1989 restricts responsibility to those children who are perceived as vulnerable. Furthermore, recent reports (Social Services Inspectorate, 1992; DoH, 1992) reveal that local authorities define "in need" in different ways. With a high correlation between material deprivation and the use of accommodation or care, the implications of this are of great concern for practitioners. Overall, it may be suggested that a more harmonised approach on rights and needs in line with

Denmark is required to correct imbalances and inconsistencies in the UK.

Care planning: findings from the two research programmes

In Denmark recent research conducted by Dorthe Hestbaek (1998) has shown that local authorities have not fully implemented the intentions of the 1993 law in their daily practice. The implementation of principles of partnership in relation to placement planning exemplifies this. In placement plans 20 per cent of the parents were not aware whether a plan had been prepared, 25 per cent of the parents did not take part at all in preparing the plan as law prescribes, and only 56 per cent of the plans followed the intentions of the law. For example, 86 per cent mentioned the expected duration, while 68 per cent of the plans considered measures to be taken as regards the family. When the parents were asked whether the social worker did go through the placement plan together with the child or young person, it appears that 13 per cent of those aged 15 years or more were not presented with the plan of their own placement by the case worker. As regards those aged 12-14 years, in 49 per cent of the cases the social workers did not go through the plan with the child. The central implication of this research project is that local authorities still have a job to do in bettering the legal status of children and young people despite the good intentions of the law.

This implication has led to amendment in the new Act on Social Services coming into force from 1 July 1998: the placement plan will be independently discussed with the child or young person as will the supportive measures which are to be carried out. In addition local authorities will be required, in co-operation with parents and children, to make a plan for further initiatives following discharge from care.

The alterations in the legal framework which have taken place as a result of these research findings do show a clear commitment on behalf of the Danish administration to make partnership work on the basis of rights at a micro level. The strengthening of the law in this

respect is clearly a concern in Denmark and should be a concern in the UK. The research conducted in Programme Two suggests that the central issues raised in relation to needs-based approaches are concerned with the largely service-led nature of care planning.

The UK research (Ellison,1998) suggests that while the decision-making process formed the central axiom of care planning for sibling groups, such planning was contingent upon other key factors such as the definition of continuity, a proactive commitment to the maintenance and continuity of the sibling relationship and, most significantly, the availability of specialised placements able to take sibling groups. All of these factors reside in clearly specific legal and practice models which were defined most distinctly by their differential commitments to preventive and family support approaches.

The degree to which the designation of legal mechanisms impacted upon the decision-making processes in relation to the planning of sibling continuity has been most crucial. Patterns within both cohorts revealed that where compulsory placements were used, children, parents and looked after siblings were more likely to feel dissatisfied with their placement. This was collaborated by findings in case files which revealed that dissatisfaction was usually linked to separation of siblings and to levels of contact between siblings. Partnership and inclusion issues are brought into sharp focus from the degree to which children and families in need of social services are included in decisions relating to placement and contact with siblings.

Table 1 shows that, in the UK, of the 87 children placed separately from some or all of their siblings, 50 were dissatisfied with their placement. In contrast, Table 2 demonstrates that UK social workers involved in these cases were only dissatisfied in eight out of the 96 cases where looked after children were placed separately. The implications of this are twofold. Social workers may in particular cases be satisfied that separation from siblings is in the

best interests of the child and that the placement may serve the individual needs of the children. In addition, the lack of placements able to take sibling groups may lead social workers to feel that they have achieved the best possible placement in the circumstances of a service-led provision. Of the 96 cases in which children were separated from some or all of their siblings, social workers recorded no suitable placement available in 71 cases. Starkly, the difference between the perception of the children separated from some or all of their siblings and the perception of social workers again brings into focus issues relating to the rights of children to be involved in decisions relating to placement with their siblings, and questions of partnership and participation in care planning.

Table 1
Sibling placements (across) versus satisfied child (down)

UK cohort					
	All	Some	None	n/r	Total %
Yes	40	15	22	4	68
No	4	18	32	0	70
n/r	15	10	20	0	45
Col. total	59	43	74	4	
Col. %	32.8	23.9	41.1	2.2	

Total 180
(all together, some together, none together)
(n/r: not recorded)

Table 2
Sibling's placements (across) versus satisfied social worker (down)

UK cohort						
	All	Some	None	n/r	Total	%
Yes	45	38	58	4	145	80.6
No	10	3	5	0	18	10.0
n/r	4	2	11	0	17	9.4
Col. total	59	43	74	4		
Col.%	32.8	23.9	41.1	2.2		

Total 180
(all together, some together, none together)
(n/r: not recorded)

The use of adoption in the UK and Denmark

A key area of difference between the UK and Denmark lies in policies and practice in relation to adoption. In 1993, the UK Government launched its White Paper, *Adoption: The future*. In law, adoption bestows all the rights, duties and responsibilities of parenthood for a child onto a new parent or parents. In doing so, it dissolves absolutely all of the rights, duties and responsibilities of the former parents and other relatives. Contrary to the Children Act in the UK, it is not possible to remove custodianship from the birth parents and decide upon adoption as under the provisions of the Danish Social Assistance Act (but only under the provision of the adoption law). This fact reflects that the Danish law to a very high degree gives priority to the birth parents, which might in some cases be to the disadvantage of the child. So where adoption without the consent of the parents is a frequent occurrence in countries such as the UK, Norway and Iceland, it does not even happen once a year in Denmark.

Research findings

In this study the purpose of placement was identified as adoption in 25 per cent of the UK cohort in stark contrast to only 1.7 per cent of the Danish cohort. This finding reflects very different approaches to adoption in the two countries and different definitions of continuity planning where the emphasis in Denmark is very much about the integrity of the family and rehabilitation.

Results from the UK cohort indicate that continuity planning is still reliant on permanency planning. This raises issues at two levels: 1) the nature of the decision process by which adoption orders are made, particularly those which are compulsory for those adoptions where contact remains with the birth family; and 2) frequency of and arrangements for contact through partnership or inclusiveness. A key question over rights arises here. How does partnership in contact arrangements work between adoptive parents, birth parents and birth siblings who are in and out of home placements, particularly when looked after siblings are young?

Of the cohort of 44 children who were to be adopted, 29 were separated from some or all of their looked after siblings. A major issue of concern lay in the degree to which partnership between parents, social workers and siblings could be maintained in cases where looked after siblings were separated from one or more adopted siblings.

During one case study investigation it was found that the degree of information given to a looked after boy, his grandmother and his two sisters who had been freed for adoption, was negligible. The information consisted of the argument that it was in the "best interests" of the girls. Feelings of loss experienced by the 11-year-old-boy were described by the boy's grandmother as being severe: 'I know he misses them [his sisters]. He is always talking about them and sometimes I can hear him crying at night.'

Professional assessment in relation to the importance of continuity is heavily related to lack of specialised placements for these children. Any semblance of partnership here was mitigated by the service-led nature of the decisions which were taken in this case. As the social worker put it:

'It's always a very difficult question when you've got siblings because obviously your heart tells you that children should remain in contact at least with their brothers and sisters if nothing else. But sadly there are cases – and this is one of them – where that just is not possible. In an ideal world one could have looked to all three children being placed together and that didn't work because grandparents were only able to take Paul and not the other two; I don't think prospective adopters would have taken Paul because of his difficult behaviour. And at the end of the day contact would have had to be stopped anyway. I can't see any way that would have carried on.'

This account is consolidated by evidence from Biehal *et al* (1992) where social workers may:

'... sometimes be under pressure to fit people's problems into the particular services their department can provide. They often feel

constrained to conceptualise an individual's unique set of problems as a need for the available services. The individuals or family's problems are thus conceptualised in terms which dovetail neatly with the framework of existing organisational boundaries which are consistent with service availability. Service-orientated assessments are administratively convenient but pay scant attention to the individual's own conception of their problems.' (p.114)

In the UK, adoption has in most cases been granted with the consent of parents. An important grey area lies in the extent to which adoption has been the last resort when there seems to be no other viable alternative (Rockel and Ryburn, 1988; Najman *et al.*, 1990).

Arguably, the implications of these research findings underline the need to relocate principles of partnership and inclusion within 'arenas of decision-making' which are 'rights and needs led' rather than service led. In contrast to Denmark, principles of partnership and inclusion in the UK are hindered by the lack of suitable placements for sibling groups.

Conclusion

The commitment to making partnership work in practice in Denmark is illustrated by the amendments made to the new Act on Social Services. To engender the partnership training of social workers to implement the new laws and develop good partnership practice is a recognised requirement, constituting constructive ways forward within the rights-based framework offered within Danish social policy. The formulation of rights and processes which promote partnership and inclusion are also enshrined in policies and practice relating to out-of-home-care in Denmark.

In the UK, working within a needs-based framework, practitioners are also faced with the need to develop good reflective social work practice. Clearly the theoretical foundations of partnership reside on the definition of problems, since it is the way in which problems are defined which determines the solutions offered to individuals and families. When the range of

solutions available is narrow or inappropriate the delivery of partnership-based services at micro level is made more difficult. The magnitude of these issues in relation to the placement and contact of looked after siblings groups has not been fully addressed. Effective implementation of legal principles of partnership and inclusion within a rights-based and needs-based framework in the UK is contingent, not only upon the development of good professional practice within social work, but also upon a move away from service-led to needs-led solutions. It is hoped that harmonisation of these principles would be advanced through these research projects which have examined the practice impacts of child care law within and between nation states.

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APPENDIX 5

ADDRESSING QUALITATIVE METHODS IN SOCIAL WORK RESEARCH

STRATEGIES FOR COPING WITH LIMITATIONS FROM CONTEXTUAL MORAL AND ETHICAL PARAMETERS

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This paper will describe some of the difficulties which arise in carrying out semi-structured interviews in Social Work Research. Focusing upon the confidential, often complex and emotionally charged nature of these interviews the paper will draw upon fieldwork experience to highlight key areas which need to be addressed in preparing for and carrying out semi-structured interviews.

The semi-structured interview is often a thematic guide with probes and invitations which allow respondents to expand on issues raised. Clearly these types of interviews allow people to answer more in their own terms than the standardised interview permits. As with other forms of interview the interviewer needs to have the ability to be aware of the content of the interview and be able to record the nature of the interview and the way in which questions were asked. Importantly however in semi-structured interviews the context of the interview is an important part of this process. Research of social work services often involves the investigation of issues which are very personal, stressful and often painful. From personal experience great sensitivity must be shown to the specific context of each interview. The reasons for this relate to the well-being of the interviewee and to key moral and ethical considerations. Arguably the interview should always be a positive experience for the interviewee. At the same time moral and ethical tensions exist between the need of the interviewer to establish and maintain a rapport and a trusting relationship in which the interviewee will disclose significant personal information and the practical demands and constraints of the research enquiry.

If interviews are considered as a major means of analysis in case study research (Fielding and Fielding, 1986) then the contextual and moral and ethical parameters in which those interviews take place, de facto, decide the level of meaning, understanding and explanation of social events and relationships. Strategies to cope with limitations resulting from these parameters in social work case study situations, arguably, are as important as the method of interviews to gain valid information and data. The adoption of strategic approaches in overcoming difficulties experienced within social work case study interview situations, often complex and stressful, is the main issue this paper will address.

The Research In Context

Exploratory research using case studies in social work often involves the need to investigate complex processes and patterns which are characterised by their multi-dimensional and very personalised nature. This necessitates specificity and sensitivity. However two general principles may be identified which underpin this approach; the need to maintain well being of interviewee and the need to maintain boundaries defined by analytic usage. By developing strategies to cope with limitations within specific interview contexts general methods have been embedded into the research process. As will be illustrated these methods in turn address the need for specificity and in themselves allow the emergence of the interviewees own constructs.

The following series of interviews were carried as part of a University of Northumbria Research project Assessing the Quality of Child Care Services. The aim of this project is to undertake action research on the implementation of a central element of the 1989 Children Act; the maintenance of family contact whilst children are separated from their home. the initial phase of the project involved a survey of the state of parental contacts (1991). This involved working in partnership with 6 local authorities in the

North East of England and southern Scotland. Questionnaires were issued to Social Workers census data on 1015 looked after children was made available. A further census is currently being undertaken and data on 800 children is now available. The third, qualitative stage of this research involves an examination of case files, researcher attendance at care reviews and interviews with children their social workers, families and carers. For the purposes of this paper I will define key elements relating to the analytical usage of these interviews and I will then go on to highlight contextual limitations which arose during the research process. Using case studies and fieldnotes I will then describe the principles techniques and processes which allowed me to develop general strategies for coping with these limitations.

1. ANALYTICAL USAGE

The role of the interview in the analysis of Agencies' formal and informal policies in relation to looked after children is integral to any meaningful understanding of the dynamics of and effects of practice in relation to contact. Within this the following areas of analytical usage were identified;

- (i) Establishing the interviewees definition of the circumstances, and frequency with which contact occurs.
- (ii) To uncover perceptions and experiences of contact within each case study.
- (iii) Investigating meanings, views and dynamics of relationships between Social Workers, Parents, Carers and Children in relation to Partnership in the Decision Making Process.

2. CONTEXTUAL LIMITATIONS

- (1) Case Background *Individual histories and emotional burdens*
- (2) Professional roles and relationships. *Trust and concern about hidden agenda's*
- (3) Situational constraints of the interview.. *judgements during interviews and analytical usage*

(1) Case Background limitations

The following extract is taken from an interview with a foster carer of a four year old boy who has been in care since birth his current placement has been his only placement (for reasons of confidentiality all names and references have been anonymised.)

Mrs Brown; I don't know how much I am allowed to tell you

M.E; Well really I am more concerned about your feelings

Mrs. Brown Shauns had a bad time he was going off for access was taking him down to
The office in Fern Road they couldn't get him in the car he kicked and screamed
I handed him to a social worker who handed him to them It was terrible he was
thrust into back of car and you would see Shaun thumping at the window,
screaming and shouting (pause tearful)

Mrs Brown We saw him back of car We started to hand him over in a car park at a
local pub, I don't know why.

Q. How did that make you feel

Mrs Brown It was very hard very hard (pause tearful)he couldn't understand why I was
making him go. The person he loved was making him go. He had some of

affection for his nana, but he said his granddad used to hit him, it was a bad thing for him access

he He doesn't know who they are now. Every now and again he'd tell the driver of his school bus that granddad used to stab him but he stabbed him back and now was dead .This didn't really used to happen but in his mind he' d killed him off.
(pause)

when I was handing him over to the grandparents I used to take someone with me for my benefit I needed the supportWhen I was meeting them they never talked about Shaun they talked about his mother and Social Worker in an aggressive manner.

When it was extended to five hours it was very bad (pause upset)

Q. Do you think contact should have been supervised.

Mrs. Brown It should have been supervised. This man was an abuser. Contact should be for the benefit of the child he was getting nothing at all out of contact.

Extract from fieldnotes

Mrs Brown was obviously distressed about recalling this situation. The strategy I adopted to support her through this was to offer some form of rationalisation or prescriptive; hence; 'Do you think contact should have been supervised? this did help and Mrs Brown felt able to continue with the interview In allowing Mrs Brown to introduce the case to me in terms of her own experience I was able not only to identify those aspects of the case which she felt were of greatest significance but also those aspects which were most painful to her. I was then able to conduct the more formalised semi-structured part of the interview with greater sensitivity and awareness. In this sense I was concerned to maintain the well being of Mrs Brown throughout and to sensitively investigate these early experiences of contact in terms of other dimensions such as participation in the decision making process. In this sense by allowing an uninterrupted recall of the situation initially we were both prepared for the more formal element of the interview.

Extract from Semi-structured Interview

M.E. Has contact been terminated?

Mrs Brown It was terminated by the grandparents by agreement.

M.E. Were there any other reasons why contact broke down.

Mrs. Brown They said that if they couldn't have custody they didn't want to know

M.E. Did you have any say in decision to terminate contact

Mrs Brown The foster carers have very little influence in decisions I would like to have more influence. Contact affected Shaun he regressed during the time with his mum he was disturbed about contact before hand and afterwards.

M.E. Would you have liked more support from the Social Services

Mrs Brown: Yes but courts the decided in favour of Grandparents.

Q. Would Shaun benefit from contact with siblings

Mrs Brown It wouldn't mean anything to Shaun

Q. How do you feel about the situation

Mrs Brown If the child is gaining something from contact if the child can go happily and come back then they need contact. In Shauns case he didn't need it he didn't gain anything at all it was very negative for Shaun

Q. Do you think any difficulties arose due to lack of resources?

Mrs Brown No .

Q. Are there any other services that you would have liked with regard to the contact situation?

Mrs Brown. Yes I do I have very little support and its very difficult because you don't have rights if you ask for help for psychologist for example people say that's your social workers job leave it to you're social worker there wasn't any one there with the school nursery writing him off. They said to me this is a problem child and I said no this is a little boy with problems. But the Education Psychologist has been very good. Too many people are involved in the end I have found that very difficult a foster carer should have direct access to these people. People tend to look at him and label as a foster child. The headmaster said to me we've got to think of the children that live here I said he does live here

Q. is that difficult for you

It makes me angry very angry.(pause agitated) These children are at a disadvantage to start with they don't need labelling Shaun doesn't fit in he is a little boy with problems I find there is prejudice against me because people think foster mother a little fat dumpy woman without a brain of her own but if you were unintelligent you couldn't do it . People think you're doing it for the money. Its getting better now we go on training courses. But people still think you don't do it because you care. i am certainly not in it for the money

M.E. Just a final set of questions

Would you prefer more influence in decision making with regard to contact

Mrs Brown Yes

M.E. Do you feel able to talk to Shaun about his natural mother.

Mrs Brown; Yes but as far as he's concerned he's here and I am mum

Contextual limitations and Strategies Employed

This case illustrates contextual limitations in relation to the case background and ethical limitations particularly in relation to the degree of emotion expressed. Importantly the strategy adopted became one which I decided to apply to all of the interviews in this series of case studies. This involved preparing for the semi-structured interview by initially carrying out a focused interview . the purpose of this was three fold . Firstly, to place the interviewee at ease by allowing them to talk freely, secondly, to identify aspects and areas of the contact situation which were obviously very painful to them in order that these areas could be treat more sensitively in the more formal interview. and thirdly to allow the interviewee to adopt their own constructs and express their feelings in their own words in order that communication would be facilitated in the semi-structured interview. This approach was underpinned by two principles; that the strategy was always to make sure that the interview was a positive experience for the respondent and that it related to the analytic usage. Thus contextual limitations were defined in relation to maintaining the well being of the interviewee within the boundaries defined by the analytical use to which the material was to be subjected.

(2) Professional /role limitations

The following extract serves to illustrate the second contextual limitation Professional roles and relationships and concerns about hidden agendas

M.E. We would like first of all to get an overview of the case .

Mrs. Shaw I haven't got the file with me. We are hoping to place Shaun with adopters really we can't do this for medical reasons. At one time we were hoping to place him with his grandparents but we had concerns about granddad who was a schedule one offender who had abused his daughters. We were desperate to get a schedule two completed we followed with mother she thought adoption had gone through and the father what the schedule two someone said they would do it for me. . .so I just checked on one or two things on schedule two and found that one or two things didn't correspond with the file and saw that he had seen the child. He is now talking about having the child adopted. But he said that he would be prepared just to have a photograph of the child. (agitated, tense) (rapid staccato speech)

M.E. Are there formal restrictions on contact?

Mrs. Shaw. She decided she would not have contact. He is five in December.

M.E. Could I interview the foster care

Mrs Shaw She's a single parent

Mrs Shaw Actually we have had an allegation from a boy which she fostered ten years ago and the NSPCC are investigating.

M.E. So would it not be possible for me to interview?

Mrs Shaw We would have to see how it goes

M.E. Could you approach her ?

Mrs Shaw She would love to be interviewed She's had him since birth - he's hyperactive and does have quite a few problems. Do you have a timescale for this?

ME Well it will be before Christmas.

Mrs. Shaw So what kinds of questions would you be asking?. She's very anti natural families. She's done a marvellous job but she like's being seen as a martyr.

Extract from Fieldnotes

In this case there seems to be an underlying fear that there was a hidden agenda regarding the monitoring of professional practice. This created a very defensive approach in which a subjective and negative picture of the foster carer was painted. This is exemplified by her description of the foster carer as a 'single parent' who is very anti-natural families'. In this case it was very difficult to devise a strategy to overcome this fear. Hopefully a more relaxed atmosphere will emerge in the second interview. I will describe the nature and protocol underlying this research again to her.

The Second Interview;

In this interview I was concerned not simply to try to establish the facts of this case but to uncover underlying constructs, meanings and relationship dynamics. In this sense the second interview with this social worker was ambiguous in that facts contradicting the first interview were given but it was enlightening in revealing attitudes and constructs concerning the foster carer involved.

Thus when it emerged (although I had already given notice of this by telephone) that I had already interviewed the foster carer involved.

Mrs Shaw She (the foster carer) is a strange lady, She's a single parent.(Assistant nods in agreement) ..She seems to think he (the child) has a lot of problems.

The view still seemed to prevail that monitoring was occurring

Mrs Shaw That's good isn't it Marion' (concern with my opinion)

Strategies employed in the attempt to overcome limitations.

The Strategy adopted at first was not to engage in discussion about the foster carer in this case and to relate closely to prompt questions however I was aware that there was a need to overcome defensiveness and constant referral to evidence from case file rather than expression of feelings so I made the most of photographs being shown to me to try to enable the Social Worker and her assistant to relax more. This was of limited success . After a brief interlude, answers to questions once again tended to relate more to pre-prepared case file notes relayed by Mrs. Shaw's assistant.

Mrs Shaw She hasn't had the support from us Mrs Brown because Sylvia was off

Assistant but she is getting the support now

In devising strategies to overcome mistrust I decided to carry out two interviews with social workers I was concerned to always bear in mind the analytic usage hence I was concerned with several dimensions of practice Social Worker Intervention the relationship between Social Workers, foster carers, children, parents. In this sense policy implications would be more fully addressed.

(3) Situational Constraints

In this final illustration the physical constraints created by an environment in which the foster carer was unhappy about me interviewing the child in a separate room created a context in which I had to be extremely sensitive to body language and to allowing the child to express himself within this context.

M.E. What do you do on your visits?

John. Sometimes mam picks us up here

M.E. Is there anything you would like to change about your visits?

John Yes I would like to change the time, I would like to stay till six

(M.E) *pause nodding*

Mrs Frost Well that's only half an hour

(M.E maintaining strong eye contact with John)

John No I'd like to stay longer with Mam.

M.E. Do you feel you can talk to you social worker Shaun?

John Yes but I hardly ever see her I mean she only comes about twice a year.

Mr. Frost She comes about every 7 weeks

Mrs. Frost I tell you what, he's talked more to you today than he ever has to his social worker

In this extract the contextual limitations are primarily to do with the environment in which the interview took place. In this situation a judgement had to be made as to whether I should have asserted more strongly the need to interview John in a separate room. Arguable I felt that this may have disrupted the relaxed atmosphere that had emerged in the previous hour before John's arrival home from school. In this case I felt that having got to know John to some extent a follow up interview would be useful. Importantly by interviewing John with his foster carer I was also able to gain some insight into the way in which they related their feelings about his natural mother to him with regard to contact. In this sense I was guided in part by the analytic usage of the research as previously outlined.

Critically however a key strategy employed in this situation involved the very conscious and sensitive use of body language. On balance the contextual constraints here were compensated even given some positive analytical usage through the use of non-verbal communication. Throughout I was concerned that John should have his say (see text in bold) in what appeared to me to be a very strictly disciplined household.

CONCLUSION

The experiences encountered during this research are not unique and have been amplified by other writers. In the following statement Judith Finch articulates feelings that can be readily identified with,

'I have emerged from interviews with the feeling that my interviewees need to know how to protect themselves from people like me, they have often revealed very private parts of their lives. . . It was principally my status and demeanour as a woman, rather than anything to do with the research process, upon which they placed their trust in me (Finch, 1984, in Hammersley, 1993, pp 173-4)

This paper has attempted to demonstrate the way in which the research process can act as a mechanism through which general strategies can be developed as a result of contextual and moral limitations experienced in specific contexts. Strategies can be used which are sensitive to individual histories and emotional burdens and which attempt to overcome professional mistrust and concern about hidden agenda's. In this sense moral limitations created by case background and concern about professional roles and relationships may be taken fully into account as part of the interview process. Fundamentally the acceptance of two key principles; i.e. ensuring the well-being of the interviewee and operating within the boundaries of analytical usage allows the strategies to emerge within specific contexts and to develop as general methods within the interview process. Sensitivity to non-verbal aspects of the interview is accepted and given emphasis by being constantly aware of the boundaries of analytical usage. The interviewer is able to readily identify contextual limitations and effectively overcome them whilst ensuring that the interviewee is 'protected' by the assurance that confidentiality will be maintained.

This paper has detailed and assessed contextual moral and ethical parameters and the use of strategies in the full process of an actual field work situation. It has also suggested that greater attention should be paid to this area of research methodology in social work situations. Equally, it has argued that such strategic approaches have portability and applicability in other areas of social research.

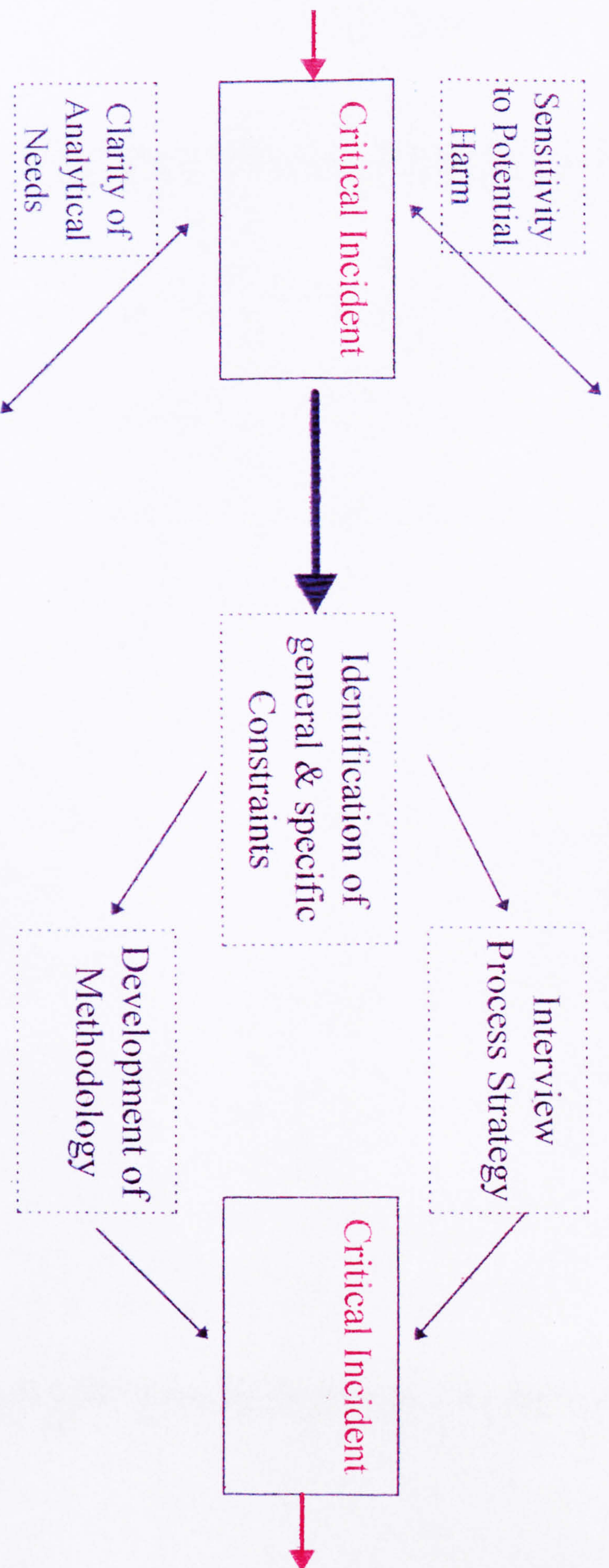
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MAINTAIN THE WELL-BEING OF INTERVIEWEE



MAINTAIN BOUNDARIES REQUIRED FOR ANALYSIS